|                                 |             | 53p 1 Stop Shippi  |                          |                                 | U             | UNI  | -IUENII                             | AL .                                    | 1        |
|---------------------------------|-------------|--|--------------------------|---------------------------------|---------------|--|-------------------------------------|---|----------|
| <u> 1040</u>                    | U.          | 5. Individual Income Tax Re  | turn 1995                |                                 | Only—Do n     | ot write o                                   | r staple in this space.             |   |          |
|                                 |             | the year Jan. 1-Dec. 31, 1999, or other tax year                         |                          | , 1999, ending                  | <del></del>   |  | OMB No. 15                          |   |          |
| Label (                         | .   ٢       | our first name and initial   | Last name                |                                 | )             | .Your  | social security nu                  | Tiber                                   | •        |
| (See<br>Instructions            | <u> </u>    | Longuo G.  | Soon.                    |                                 | <del></del> : |  |                                     |   |          |
|                                 | B H         | a joint return, spouse's first name and initial                          | Last name                | • •                             |               | Spous  | se's social security                | ummer                                   | ٠        |
| Use the IRS                     | Ll          | NEXCO 31   | Soon                     | Apt.n                           |               |  |                                     |   |          |
| abel.<br>Otherwise.             | п           | 206 Westser St.  | 1 P.O. DOM, See page 16. | 2.0                             |               | _  | IMPORTANT                           | ! <b>A</b>                              | •        |
| lease print                     | E C         | ty, town or post office, stale, and ZIP code. If                         | vor have a foreign addin |                                 | ·             |  | You must enter<br>your SSN(s) abov  | re.                                     |          |
| rtype.                          | "           | MEDICTOUN OH, USON   |                          |                                 | . )           | Yes  | · · · · · · · · ·                   |   |          |
| residential 🥆<br>Jection Campai | inn A       | Do you want \$3 to go to this fund? .                                    |                          |                                 |               | 1.00   | "Yes" will r                        | rot.                                    |          |
| See page 18.)                   | y" <b>)</b> | If a joint return, does your spouse wan                                  |                          |                                 |               |  | change you reduce you               |   |          |
|                                 | 4           | Single   |                          |                                 |               |  | <u> </u>                            | <del></del>                             |          |
| iling Status                    | S .2        | Married filing joint return (even  | if only one had incom    | nel                             | •             |  | •                                   |   |          |
|                                 | 3           | Married filing separate return: Enter                                    |                          |                                 | ma hara       |  |                                     |   | •        |
|                                 | .4          | Head of household (with qualifyi   |                          |                                 |               |  | l but not your der                  | endent.                                 |          |
| heck only<br>ne box.            |             | enter this child's name here.  |                          | . 10.) II alo quanyas           | ( po. son k   | e orino                                      | , Dat Hot you, oop                  | O I I I I I I I I I I I I I I I I I I I |          |
|                                 | 5           | Qualifying widow(er) with deper  |                          | use died > 19                   | ). (See       | page 1                                       | 8.)                                 |   |          |
|                                 | 6а          | Yourself. If your parent (or someor                                      | e else) can claim you    | as a dependent on               | his or he     | rtax )                                       | No. of boxes                        |   |          |
| xemptions                       |             | return, do not check box   |                          |                                 |               | }  | checked on<br>Ga and 5b             | 7                                       |          |
|                                 | þ           | Spouse   | <u> </u>                 | <u> </u>                        | j.            | <u></u>                                      | No. of your                         |   | •        |
|                                 | c           | Dependents:  | (2) Dependent's          | (3) Dependent's relationship to | (4) Vifque    |  | children on 6c                      |   |          |
|                                 | ٠.          | (1) First name Last name   | social security number   | you                             | credit (see p |  | who: • lives with you               | j                                       | •        |
|                                 |             | Swell  | 1                        | CHILL.                          | ্ ভ           |  | • did not five wit                  |   | •        |
| more than six-<br>ependents,    |             |  |                          |                                 | · 🗆           |  | you due to divorce<br>or separation | <del>)</del>                            |          |
| e page 19.                      |             | ·  |                          |                                 |               |  | (see page 19)                       | ·                                       | •        |
| 1 .                             | :           | <u> </u>   |                          |                                 |               |  | Dependents on 60                    |   |          |
| •                               |             |  |                          | <u></u>                         | <u> </u>      | <del></del>                                  | not entered above<br>And numbers    |   |          |
|                                 |             |  | <u> </u>                 |                                 |               | <u>:                                    </u> | entered an                          | 3                                       | •        |
|                                 | d           | Total number of exemptions claimed                                       | <del> </del>             |                                 | ·             | <del>i :</del>                               | lines above                         | _                                       | •        |
| ncome                           | 7           | Wages, salaries, tips, etc. Attach Form                                  | •                        |                                 | '             | 7  | 49.95                               | <del> </del>                            |          |
|                                 | 8a          | Taxable interest. Attach Schedule B if                                   |                          | n- I                            | . 4.          | 8a   | 10                                  |   |          |
| tach                            | . ! b       | Tax-exempt interest. DO NOT include                                      |                          | 8b   ·                          |               | 9  | •                                   | ł                                       |          |
| opy B of your<br>orms W-2 and   | 9           | Ordinary dividends. Attach Schedule B                                    | •                        |                                 |               | 10   |                                     | +                                       | -        |
| -2G here.                       | 10          | Taxable refunds, credits, or offsets of s                                | tate and local income    | taxes (see page 2               | 1)            | 11   | <del></del>                         | +                                       |          |
| so attach<br>nm(s) 1099-R       | 11<br>12    | Alimony received  Business income or (loss). Attach Scher                |                          |                                 | • • •         | 12   |                                     | <del> </del>                            |          |
| tax was                         | 13          | Capital gain or (loss). Attach Schedule I                                |                          |                                 | L' in         | 13   | <del></del>                         | -                                       |          |
| thheld.                         | 14          | Other gains or (losses). Attach Form 47                                  |                          | quirea, check here              | <b>-</b> -    | 14   |                                     | 1                                       |          |
| you did not                     | 15a         | Total IRA distributions . 15a  |                          | axable amount (see p            | 100a 221      | 15b  |                                     |   |          |
| ta W-2,                         | 16a         | Total pensions and annuities 16a   |                          | axable amount (see p            | -             | 16b  |                                     | 1                                       |          |
| e page 20.                      | 17          | Rental real estate, royalties, partnerships                              |                          |                                 |               | 17   |                                     |   |          |
| close, but do                   | 18          | Farm income or (loss). Attach Schedule                                   |                          |                                 |               | 18   |                                     |   |          |
| t staple, any                   | 19          | Unemployment.compensation  |                          |                                 |               | 19   |                                     | T -                                     |          |
| yment Also,<br>iase use         | 20a         | Social security benefits 20a   | ьт                       | axable amount (see p            | age 24)       | 20ь  |                                     | <u> </u>                                |          |
| rm 1040-V.                      | 21          | Other income. List type and amount (se                                   | e page 24)               | ·                               |               | 21   |                                     |   |          |
|                                 | 22          | Add the amounts in the far right column for                              | or lines 7 through 21.   | This is your total inc          | ome ►         | 22   | / 🗗 🕏 🤈 🖯                           |   |          |
| livotad                         | 23          | IRA deduction (see page 26)  |                          | 23                              |               |  |                                     | 1 .                                     | • .      |
| justed                          | 24          | Student loan interest deduction (see page                                |                          | 24                              |               |  | _                                   |   |          |
| 0SS                             | 25          | Medical savings account deduction. Att                                   |                          | 25                              |               | <b>医全侧</b>                                   |                                     | DEI                                     | FENDANT' |
| come                            | 26          | Moving expenses. Attach Form 3903  |                          | 26                              |               |  |                                     |   | EXHIBIT  |
|                                 | 27.         | One-half of self-employment tax. Attach                                  |                          | 27                              |               |  |                                     |   |          |
| • .                             | 28          | Self-employed health insurance deduction                                 |                          | 28                              |               |  |                                     |   | LOAN-1   |
|                                 | 29          | Keogh and self-employed SEP and SIM                                      |                          | 29                              |               | 200  |                                     | Sh                                      | 1-24-0   |
|                                 | 30          | Penalty on early withdrawal of savings .                                 | , : <u>L</u>             | 30                              |               | ***  |                                     |   |          |
|                                 | 31a         | Alimony paid b Recipient's SSN   | <u> </u>                 | ila                             | 1             |  | .~                                  |   | •        |
| • *                             | 32<br>33    | Add lines 23 through 31a .<br>Subtract line 32 from line 22. This is you |                          | والحاجير مرجا                   |               | 32   | $\mathcal{U}$                       | <u> </u>                                |          |
|                                 |             | SOSTAGE BLOT 37 HOTEL HER 22 TELL 16 HATE                                |                          |                                 |               | 33   | 14378                               | . –                                     |          |

| L SI N.  | 7 01             | :53p 1 Stop Shipping Shop   | 51                | 3-423-94BE                            |            | NTIAL PO                                     | 13                |
|--|------------------|---|-------------------|---------------------------------------|------------|--|-------------------|
| orm 1040 (1099)                                      |                  |   |                   | UUN                                   | م مطا      |  | ge <sub>.</sub> 2 |
|  | 94               | Amount from line 33 (adjusted gross income)   |                   |                                       | 34         | 14873  |                   |
| ax and   | 05-              | Charle # T Vol. wore 65 or older. T Blind: L Spouse was   | 65 or olds        | er, D Blind                           |            |  |                   |
| Credits  | ٠.               | And the number of boxes checked above and enter the total hel   | re .              |                                       |            | · [  |                   |
|  | b                | If you are married filing separately and your spouse itemizes dec<br>you were a dual-status alien, see page 30 and check here   | ductions o        | " ► 35b 🔲                             |            | . [  |                   |
| Standard   | 36               | in a second deductions from Schedule A line 28 OR s   | dandard (         | deduction                             |            |  |                   |
| Deduction<br>for Most                                | -30<br>( .       | chauge on the left. But see page 30 to find your standard deduc   | וסע זו תסבי       | checked any                           | 36         | . 7200                                       |                   |
| People   |                  | box on line 35a or 35b or it someone can claim you as a depen   | ident .           |                                       | 37         | 57478  |                   |
| Single:  | 37               | Subtract line 36 from line 34   |                   |                                       |            |  |                   |
| 14,300<br>1  | 38               | If line 34 is \$94,975 or less, multiply \$2,750 by the total number  | of exemp          | otions claimed on                     | 38         | 8250   | •                 |
| lead of<br>nousehold:                                | · ·              | line 6d. If line 34 is over \$94,975, see the worksheet on page 3   | than Ba           | 27 enter -R-                          | 39         | 54928  |                   |
| 6,350  | 39               | Taxable income. Subtract line 38 from line 37. If line 38 is more   | For               | m 4972                                | 40         | 9783.  |                   |
| Married filing<br>cintly or                          | 40               | tax best page of a check in any tax to more to the control of the | 41                | 33521_                                |            |  | -                 |
| Jualifying   | 41               | Credit for child and dependent care expenses. Attach Form 2441  | 42                |                                       |            | .  |                   |
| vidow(er):<br>:7,200-                                | <b>4</b> - 7 · · | Credit for the elderly or the disabled. Attach Schedule R.  | 43                | 500                                   |            | ļ  |                   |
| /arried  | 43               | Child tax credit (see page 33)  | 44                |                                       |            | . [  |                   |
| ling<br>eparately:                                   |                  | Endoamen, chockers, treatment and   | 45                |                                       |            | . 1  |                   |
| 3,600  | 45               | E to Annual Attach Comp 1116 H ramined  | 46                |                                       |            | ·  |                   |
| <del></del>  | 46               | Other. Check if from a  Form 3800 b Form 8396   |                   |                                       |            | .  |                   |
|  | 47               | c Form 8801 d Form (specify)  | 47                |                                       |            |  |                   |
| •  | AR               | Add lines 41 through 47 These are your total credits  |                   |                                       | 48         | U2 (5)                                       |                   |
|  | 49               | Subtract line 48 from line 40. If line 48 is more than line 40, ent   | er -0             | <u>, . , , . ▶</u>                    | 49         | 5425   |                   |
| · ·  | 50               | Self-employment tax. Attach Schedule SE   |                   |                                       | 50         |  |                   |
| ther   | 51               | Alternative minimum tax. Attach Form 5251   |                   |                                       | 51         |  |                   |
| axes   | .52              | Social security and Medicare tax on tip income not reported to emp  | oloyer. Atta      | ach Form 4137 .                       | 52         |  | ⊢                 |
|  | 53               | Tax on IRAs, other retirement plans, and MSAs. Attach Form 50   | 329 if req        | uired                                 | 53         |  | -                 |
|  | 54               | Advance earned income credit payments from Form(s) W-2.   |                   |                                       | 54         |  | ⊢                 |
| •  | 55               | Household employment taxes. Attach Schedule H   |                   |                                       | 55         | - 45   | -                 |
|  | 56               | Add lines 49 through 55. This is your total tax.  | · · · · · · · · · |                                       | 56         | 5425   | ╫┈                |
| ayments  | 57               | Federal income tax withheld from Forms W-2 and 1099 : .   | 57                | ,53O E                                |            |  |                   |
|  | 58               | 1999 estimated tax payments and amount applied from 1998 return.  | 58                |                                       | -          |  | 1.                |
|  | 59a              | Earned Income credit. Attach Sch. EIC if you have a qualifying child  |                   |                                       |            |  |                   |
|  | · b              | Nontaxable earned Income: amount  | EDe.              |                                       |            | •  |                   |
|  | ٠,               | and type >  | 59a               |                                       |            | ·  |                   |
|  | <b>60</b> -      | Additional child tax credit. Attach Form 8812   | 60                |                                       |            |  | İ                 |
| •  | 61               | Amount paid with request for extension to file (see page 48)  | 61<br>62          |                                       |            |  |                   |
|  | 62               | Excess social security and RRTA tax withheld (see page 48)  | 63                |                                       |            | . 1  | İ                 |
|  | 63               | Other payments. Check if from a Form 2439 b Form 4136   |                   |                                       | 64         | 8805   |                   |
|  | 64               | Add lines 57, 58, 59a, and 60 through 63. These are your total  |                   |                                       | 65         | 7780   | Ι-                |
| etund  | 65               | If line 64 is more than line 56, subtract line 56 from line 64. This is   | the amou          | nt you Oven-AID                       | 66a        | 3380   |                   |
| ave it   | 66a              | Amount of line 65 you want REFUNDED TO YOU  | • • •             |                                       |            |  | Г                 |
| irectly  |                  | Davisa austra   | ne: 🗀 Ché         | cking 🔲 Savings                       |            |  | 1                 |
| eposited!<br>ee page 48                              | <b>≻</b> b       | Rouning number  |                   | T T T T T T T T T T T T T T T T T T T |            | ı  | 1                 |
| nd fill in 66b,                                      | ► d              | Account number  Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX   | 1 67              | <del></del>                           |            |  | 1                 |
| 6c, and 66d.   | 67               | If line 56 is more than line 64, subtract line 64 from line 56. This  |                   | OUNT YOU OWE                          |            | ·  | ŀ                 |
| imount i   | 68               | For details on how to pay, see page 49  |                   | . :                                   | 68         |  | <u> </u>          |
| ou Owe '   | 69               | Estimated tax negativ. Also include on line 68  | 69                | <u> </u>                              | 15.0       |  |                   |
| ign  |                  |   | anying sche       | edules and statements,                | and to the | e best of my knowled<br>preparer has any kno | dge<br>owe        |
| lere .   | belief           | they are true, correct, and complete. Declaration of preparer totals true.  | (baker) is no     | SSEC OF SIL BILOTING BACK             | (          | Daytime telephon                             |                   |
| oint return?   |                  | Your Agnature Dete  | 11                | occupation                            |            | unuper (optional)                            |                   |
| ee page 18.  | A                | 4-4-00  | 1                 | EBACK 1)350                           | ۲.,        |  |                   |
| еер а сору   |                  | Sporage's signature of a jobn letture, BOTH must sign. Date   |                   | ise's occupation                      | 40         |  |                   |
|  | 1/               | yua). Xan 14-4-00   | 174               | ortresus                              |            | Manager Francisco                            | <u>9778</u>       |
| ecords.  |                  | Date  |                   | 1                                     | j Prep     | varen's SSN of PTIN                          |                   |
| ecords.  | Prepr            | rer's   |                   | Check∦                                | . [        | .,   |                   |
| ecords.<br>Paid                                      | signa            | ture /  |                   | self-employed                         | <u> </u>   | <del></del>                                  |                   |
| or your<br>ecords.<br>Paid<br>Preparer's<br>Ise Only | signa<br>Firm's  | rer's ture s name (or yours employed) and   |                   | setf-employed                         | EIN        |  |                   |



Apr 21 07 01:54p 1 Stop Shipping Shop 513-423-9488

| Copy C for EMPLO  | YEE'S Records                           |              | ·                         | d O O O OMB No.                |
|---|---|--------------|---------------------------|--------------------------------|
| (See Notice on Back   | ·                                       |              |                           | 1999 GAU-0008                  |
| 9 Advance EIC payment   | 1 Wages, tips, other compe.<br>45577.88 | ngation      |                           | ome (ps. withhold<br>6441.58   |
| 10 Dependent care benefits  | 3 Social security wages<br>45580.60     |              | 4 Social secu             | rity tux withhold<br>2826 . 00 |
| d Employee's social security no.  | 5 Medicare wages and tips<br>45580.60   | **           | 6 Madicare t              | ax withheld<br>660.92          |
| b.c. comproyer's all no. manne. address. and ZPP code 31-0411980 THE PROCTER & C ONE PROCTER & C CINCINNATI, OHIO | SAMBLE PLAZA                            | 13 Sec la    | stra, for Box :<br>C<br>D |                                |
| e Employee's meme, address, and<br>01138226<br>R E SLOAN, JR<br>206-2A WRBSTER S<br>MIDDLETOWN OI                 | s <b>r</b> .                            | 14 Other     | ~·····                    | **                             |
| 15 Deceased Person I  | taus Declarated ecomp                   |              |                           |                                |
| 16/19 State or Locality   | Employer's Scale LD. # 17,              | 720 Sense or | Local wages               | 18/21 Since or Local tax       |
| оню   | 51-060340 0                             | 4!           | 5522.80                   | 1768.10                        |
| BLUE ASH  | 00584-W                                 | 46           | 5227.87                   | 462.26                         |
| Com M 7 W. and T. France  |   | ·            | -                         | or of the Tenance, IDS         |

Apr 21 07 01:54p

1 Stop Shipping Shop

513-423-9488

p.15

| Form 1040                               | Department of the Treasury — Internal Revenue Service U.S. Individual Income Tax Ret                                       | urn 2000  | (99) 1RS use only                      | Do not write or staple in this space.        |
|---|--|---|--|--|
| For #                                   | ne year Jan 1-Dec 31, 2000, or other tax year beginn   |   | ending                                 | 20 OMB No. 1545-0074                         |
|   | Your First Name Mi Last N  |   |  | Your Social Security Number                  |
| Label<br>(See instructions.)            | <b>8</b> * * * * * * * * * * * * * * * * * * *   | an, Jr.   |  | ,  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | [] a Joint Return, Spouse's First Name MI Last N   |   |  | Spouse's Social Security Number              |
| Use the                                 | Trica S Slo  | an  |  |  |
| IRS label.<br>Otherwise.                | Home Address (number and street). If You Have a P.O. Box, See in   |   | Apartment No.                          | ▲ Important! ▲                               |
| please print                            |  |   | 2a                                     | You must enter your social                   |
| or type.                                | 206 Webster City, Town or Post Office, # You Have a Foreign Address, See Inch  | uctions. Sta  |  | security number(s) above.                    |
| Presidential                            | Middletown   | · OI  | 45042-0000                             |  |
| Election                                |  |   | Yo                                     | u Spouse                                     |
| Campalgn<br>(See instructions.)         | Note: Checking 'Yes' will not change your tax of Do you, or your spouse if fixing a joint return, was                      | r reduce your return).<br>ant:\$3 to no to this fund? - | ⊁ ∏Yes                                 | X No Yes X No                                |
| (Dog with across only                   |  |   |  |  |
| Filing Status                           |  | had income)   |  |  |
|   | <b>)==4</b>  | ente SSN sisson & full nam                              | orhere >                               |  |
|   | <b>PET</b>   | n) (See instructions ) If the                           | considirence person is a               | child but not your                           |
| Check only                              | 4 [] Head of household (with qualifying person<br>dependent, enter this child's name here                                  |   |  |  |
| one box.                                |  | i (veerevouse died >                                    | ). (See inst                           | ructions.)                                   |
|   | 5 Qualifying widow(er) with dependent Chx  | ) one dolor you se a dece                               |  | No, of boxes                                 |
| Exemptions                              | 6a X Yourself. If your parent (or someone else her tax return, do not check box 8a   | o o o o o o o o o o o o o o o o o o o                   |  | checked on 2                                 |
|   | (m)  | •   |  | No. of your                                  |
|   | h  X   Spouse  | (2) Dependent's (3                                      | Dependent's (4)                        | 7 5c who:                                    |
|   | c Dependents:  | social security   | relationship qualify                   |  |
|   |  | number  | to you credit                          | (San e did not live                          |
|   | (1) First name Last name   | -   -   | on b                                   | cilvorce or neo-                             |
|   | Sloan  | <u> </u>  | <del></del>                            | instructions)                                |
| If more than                            |  |   |  | Depundents                                   |
| six dependents,                         |  | <u> </u>  |  | on Sa not<br>entered                         |
| see instructions.                       |  |   |  | above  |
|   |  |   |  | Add numbers                                  |
|   | d Total number of exemptions claimed   |   |  | [Ines above . ► 3                            |
|   | 7 Wages, salaries, tips, etc. Attach Form(s) W-  | <del>2</del>  |  | 70,327                                       |
| Income                                  | 8 a Taxable Interest. Attach Schedule B if require   | xd  | • • • • • • • • • •                    | . 8a 7.                                      |
| Attach Forms                            | b Tax-exempt interest. Do not include on line to   | 5a <u>8b</u> ]  |  | . g  |
| W-2 and W-2G<br>here, Also attach       | 9 Ordinary dividends. Attach Schedule B if requ  | ired  | terterational                          | 10   |
| Form(s) 1099-R if                       | 10 Taxable refunds, credits, or offsets of state at  | nd local income taxes (see                              | #SUCCIONS)                             | 11   |
| tax was withheld.                       | 11 Alimony received.   |   |  | 12   |
| If you did not                          | <ul><li>Business income or (loss). Attach Schedule (</li><li>Capital gain or (loss). Attach Schedule D if re</li></ul>     | guized if not remained the                              | ck here ▶                              | 13   |
| get a W-2, see                          |  | quita, propriequito, are                                |  | 14   |
| instructions.                           | 14 Other gains or (losses). Attach Form 4/9/. 15a Total IRA distributions  | b Taxable   | amount (see instrs)                    | . 15b  |
|   | 16a Total pensions & armuities 16a   |   | amount (see instrs) .                  | - 16b 3,870.                                 |
|   | 17 Rental real estate, royalties, partnerships, S  | corporations, trusts, etc. At                           | tach Schedule E                        | . 17   |
| Enclose, but do                         | 18 Farm income or (loss). Attach Schedule F -  |   |  | - 18   |
| not attach, any                         | 19 Unemployment compensation   |   |  | 19   |
| payment. Also,<br>please use            | 20 a Social security benefits 20 a   | b Taxable   | amount (see instrs) .                  | - 20b  |
| Form 1040-V.                            | 21 Other income. List type & amount (see instrs)   |   |  | 21 74 604                                    |
|   | 22 Add the amounts in the far right column for lin   |   | our total income                       | 22 74,204                                    |
| 6 21                                    | 23 IRA deduction (see instructions)  |   |  | -  |
| Adjusted<br>Green                       | 24 Student loan interest deduction (see instruction  |   |  | -{ 1   |
| Gross<br>Income                         | 25 Medical savings account deduction. Attach F   |   | · · · · · · · · · · · · · · · · · · ·  | <b>┤                                    </b> |
|   | 26 Moving expenses. Attach Form 3903   |   | ······································ | <b>- </b>                                    |
|   | 27 One-half of self-employment tax. Attach Scho  | · —   |  | 4 1  |
| •                                       | <ul> <li>28 Self-employed health insurance deduction (se</li> <li>29 Self-employed SEP, SIMPLE, and qualified p</li> </ul> | · -   |  | -  |
|   | <ul><li>29 Self-employed SEP, SIMPLE, and qualified p</li><li>30 Penalty on early withdrawal of savings</li></ul>          |   |  | -  [   |
|   | 31 a Alimony paid b Recipient's SSN.   | 31a   |  | -  |
|   | 32 Add lines 23 through 31a  | 318   |  | . 32   |
|   | 33 Subtract line 32 from line 22. This is your adju  |   |  | 33 74,204.                                   |
| RAA For Disclosu                        | re, Privacy Act, and Paperwork Reduction Act No  | tice see instructions                                   |  | Form 1040 (2000)                             |

Apr 21 07 01:55p 1 Stop Shipping Shop

513-423-9488

|                                   | Ronald E Sloan, Jr. & Trica S Sloan  |                         | Page 2                     |
|-----------------------------------|--|-------------------------|----------------------------|
| Form 1040 (2000)                  |  | . 34                    | 74,204.                    |
| Tax and                           | En la la la la la la la la la la la la la  | 1                       |                            |
| Credits                           | S5a Check if: You were 65 older, Birror, Spootse was coroller, Add the number of boxes checked above and enter the total here  |                         |                            |
|                                   |  | 7                       | }                          |
| Standard                          | bill you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here   | i)                      |                            |
| Deduction                         |  | 1                       | <u></u>                    |
| for Most                          | - Louis - La Carlaga implementations to find white changes (CECOLE VDU CHANGE)   | . 36                    | 7.350.                     |
| People                            | any box on line 35a of 35b or it someone can cash you as a dependent   | 37                      | 66,854.                    |
| Single:                           | 37 Subtract line 36 from line 34   | 133                     | 33,033                     |
| \$4,400                           | 38 If time 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter   | . 38                    | 8,400.                     |
| Head of                           | is over \$96,700, see the worksheet in the instructions we the amount to the artist of | 39                      | 58,454.                    |
| household:<br>\$6,450             | 39 Taxable Income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0  | 4D                      | 10,673.                    |
| \$0,450                           | 40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972   | 41                      |                            |
| Married filing                    | 41 Alternative minimum tax. Attach Form 6251   | 42                      | 10,673.                    |
| Jointly or<br>Qualifying          | 42 Add lines 40 and 41   | -                       | 10,073.                    |
| widow(er):                        | 43 Foreign tax credit. Attach Form 1116 if required  | -{                      |                            |
| \$7,350                           | 44 Credit for child and dependent care expenses. Attach Form 2441  | 4                       | 1                          |
| Married filing                    | 45 Credit for the elderly or the disabled. Attach Schedule R 45  | -                       | 1                          |
| separately:                       | 46 Education credits. Attach Form 8863   | 4                       |                            |
| \$3,675                           | 47 Child tax credit (see instructions)   | 4                       | 1                          |
| · ·                               | 48 Adoption credit. Attach Form 8839   | 4                       |                            |
| *                                 | 49 Other, Check if from - a Form 3800 b Form 8396  | ļ                       |                            |
| •                                 | E Form 8801 of Form (specify) 49   | _                       |                            |
|                                   | 50 Add lines 43 through 49. These are your total credits   | - 50                    | 980.                       |
|                                   | 51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-   | 51                      | 9,693.                     |
|                                   | 52 Self-employment lax, Attach Schedule SE   | . 52                    |                            |
| Other                             | \$3. Social security and Medicare tax on tip income not reported to employer, Atlach Form 4137   | - 53                    | 202                        |
| Taxes                             | 54 Tax on IRAs, other retirement plans, and MSAs, Attach Form 5329 if required No .  | - 54                    | 387.                       |
| •                                 | 55 Advance earned income credit payments from Form(s) W-2  | - 55                    | <del> </del>               |
|                                   | 56 Household employment taxes. Attach Schedule H   | - 56                    | 10,080.                    |
|                                   | 57 Add Sines 51-56. This is your total text  | <u>≻ 57</u>             | 10,000.                    |
| Payments                          | 58 Federal income tax withheld from Forms W-2 and 1099 58 9,814  | 4                       |                            |
| If you have a                     | 59 2000 estimated tax payments and amount applied from 1999 return 59  |                         |                            |
| qualifying                        | 60 a Earned Income credit (EIC)  |                         | ,                          |
| child, attach<br>Schedule EIC.    | b Nontaxable earned income: amount   | Ì                       |                            |
| Schedue Clo.                      | and type . ►   |                         |                            |
|                                   | 61 Excess social security and RATA tax withheld (see instrs) 61  | -                       |                            |
|                                   | 62 Additional child tax credit. Attach Form 8812   | -                       |                            |
| *                                 | 63 Amount paid with request for extension to the (see instructions) 63   | ┥                       | ]                          |
| •                                 | 64 Other payments. Check if from a Form 2439   | 1                       |                            |
|                                   | b Form 4136  | -{                      |                            |
|                                   | 65 Add lines 58, 59, 60a, and 61 through 64. These are your  | 65                      | 9.814.                     |
|                                   | total payments   | . 66                    | 3,0121                     |
| Refund                            | 66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid   | 1                       |                            |
| Have it directly                  | 67a Amount of line 66 you want refunded to you   | 67                      | -                          |
| deposited See<br>instructions and | ➤ b Routing number   | ' }                     | 1                          |
| fill in 67b, 67c,                 | ► d Account number   |                         |                            |
| and 67d.                          | 68 Amount of line 66 you want applied to your 2001 estimated tax > 58  |                         |                            |
| Amount                            | 69 If time 57 is more than line 65, subtract time 65 from line 57. This is the amount you  | 1                       |                            |
| You Owe                           | owe. For details on how to pay, see instructions   | ► 69                    | 266.                       |
| 1.                                | 70 Estimated tax penalty. Also include on line 69  | 2.0                     |                            |
| Sign                              | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief, they are true, correct, and complete. Declaration of preparer (other than texpeyer) is based on all information of which preparer   | d my lono<br>Ir has any | wiedge and<br>y knowledge. |
| Here                              |  |                         | Number PDIA0112 10/30/00   |
| Joint return?                     | tuoi organia   |                         |                            |
| See instructions.                 | Spouse's Storstume. If a Joint Rottom, Both Must Sign. Date Spouse's Occupation May the  | e iRS di                | scuss this minus with the  |
| Keep a copy<br>for your records.  | prepay   | er showr                | below                      |
| tot kon tooning:                  | Date Date  |                         | reparer's SSN or PTIN      |
| Delet                             | Preparers  | 7                       |                            |
| Paid<br>Preparer's                | Signature Check is self-employed Check is self-employed Firm's Name Self-prepared  |                         |                            |
| Use Only                          | (or yours it tell-employed).   |                         |                            |
| y                                 | Address, and ZIP Cods Phone No.  |                         |                            |
|                                   | ) T14/48 PC  |                         |                            |

10 Dependent care benefits

12 Benefits included in box 1

1292.25

12,92

BLUE ASH

14 Other

113.21

80.12

18.74

Apr 21 07 01:55p

1292.25

1292.25

YYM

RLINGTON NATIONAL

1305 REED HARTMAN UITE 112 INCINNATI, OH 45241

Employer's FED ID number 31-1554805

ONALD E SLOAN JR )6-2A WEBSTER ST

State Employer's state ID : 52-427597

IDDLETOWN, OH 45042

1292.25

Employee Reference

Statement

2 Wage and Tax 2000

Advance EIC payment

Money millied plans See leetre, for box 13

Employer's NA

1 Stop Shipping Shop

513-423-9488

p.17

### 2000 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2000 pay stub plus any adjustments submitted by your employe

80. 12 OH. State Income Tax Box 18 of W-2 25.2 Social Security Gross Pav 1292.25 Tax Withheld Box 4 of W-2 Local income Tax 12.9% Box 21 of W-2 113.21 Medicare Tax Withheld Fed. Income Tax Withheld SUI/SDI Box 14 of W-2 Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

|                              | Wages, Tips, other<br>Compensation<br>Box 1 of W-2 | OH. State Wages<br>Tips, Etc.<br>Box 17 of W-2 | Local Wages. | Social Security<br>Wages<br>Box 3 of W-2 | Medicare<br>Wages<br>Box 5 of W |
|------------------------------|--|--|--------------|--|---------------------------------|
| Gross Pay Reported W-2 Wages | 1,292.25   | 1,292.25                                       | 1,292,25     | 1,292.25                                 | 1, <b>2</b> 92                  |
|                              | 1,292.25   | 1,292.25                                       | 1,292,25     | 1,292.25                                 | 1, <b>2</b> 92                  |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll de

RONALD E SLOAN JR 206-2A WEBSTER ST MIDDLETOWN, OH 45042

Social Security Number: 289-52-5230 Taxable Marital Status: MARFIED

0

Exemptions/Allowances: FEDERAL: 0 STATE: 0 LOCAL:

Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details

| 1                        |  |  |  |
|--------------------------|--|--|--|
|                          |  |  |  |
| 463.31                   | 46334,40                                 | 00584-W                                      | BLUE ASH   |
| 1783.00                  | 45526.43                                 | 51-060340 0                                  | оню  |
| 18/21 State or Local tax | 17/20 State or Local wages               | Employer's State I.D. # 17                   | 16/19 State or Locality  |
|                          |  | Plan Deferred comp                           | 15 Deceased Femion Flan  |
|                          | o Char                                   | \ ST.<br>OH 45042                            | R E SLOAN, JR<br>206-2A WEBSTER ST<br>MIDDLETOWN OH              |
|                          |  |  | 01138226   |
|                          |  | d ZIP code                                   | e Employee's name, address, and ZIP code                         |
|                          |  | GAMBLE CO.<br>GAMBLE PLAZA<br>O 45202        | THE PROCTER & GAMBLE ONE PROCTER & GAMBLE CINCINNATI, OHIO 45202 |
| 59_00<br>1_90            | מ  |  | address, and ZIP code 31-0411980                                 |
| 661.02                   | COXCUR 4X                                | 5 Medicare wages and tips<br>45587.33        | d Employee's Incla) recurity no.                                 |
| 2826.41                  | 4 Social security EX Williams<br>2826.41 | 3 Social security wages<br>45587.33          | 10 Dependent care benefits                                       |
| 6424.45                  |  | ( Wages, sips, other companies to 45585 . 43 | 9 Advance ElC payment  |
| 2000 DMB No.             |  |  | Copy C for EMPLO (See Notice on Back)                            |



Apr 21 07 01:55p 1 Stop Shipping Shop 513-423-9488

p.18

| <b>1040</b>                    |                      | tment of the Treasury—Internal Revenue Service Individual Income Tax Return                             | 2001                                   | (L) IRS Use O        | nly—Do nat     | wite or a   | teple in this space.   |                     |
|--------------------------------|----------------------|---|--|----------------------|----------------|-------------|--|---------------------|
| 2 1070                         |                      | he year Jan. 1-Dec. 31, 2001, or other tax year beginning   | , 2001, endî                           |                      |                |             | AB No. 1545-0074   |                     |
| Label                          |                      | first name and initial . Last name  | B _                                    |                      |                |             | cial security numb   | oer .               |
| ISon L                         | '                    | GONALD E. JR. SI  | LOAN                                   |                      |                |             |  |                     |
| instructions B                 | lf a                 | ioint return spouse's first name and initial Last name  | B                                      |                      |                | Spouse      | 's social security n   | rainper             |
| ou bage (a1)                   | 1                    | TRICA S. S  | MAGU                                   |                      |                |             |  | <del></del>         |
| Use the IRS I habel.           | Ho                   | ne address (number and street). If you have a P.O. box,   | see page 19.                           | Apt. no.             | 1              |             | mportant!  | · 🛦                 |
| Otherwise,                     | L                    | 206-24 WEBSTER STEE   | <del>447</del>                         |                      |                | -           | ou must enter  |                     |
| please print E E or type.      | City                 | , town or post office, state, and ZIP code. If you have a   | foreign address, s<br>🛪                | iee page 19.         | J              |             | ur SSN(s) above.   | <u></u>             |
| Presidential                   |                      | MIDDLETOWN, OH 4504   |  |                      | ·-/.           | You         | Spous  | æ                   |
| Election Campaign              |                      | Note. Checking "Yes" will not change your tax of<br>Do you, or your spouse if filing a joint return, wa | or reduce your re                      | etund.<br>nis fundil | •              | Yes         | ⊠No □Yes   | <b>⊠</b> No         |
| (See page 19.)                 | <u> </u>             |   | int \$3 to go to 0                     | iis fortage 1_1      |                |             |  |                     |
| Filing Status                  | 4,.                  | Single  | o had income                           |                      |                |             |  |                     |
| I ming crates                  | 2                    | Married filing joint return (even if only on Married filing separate return. Enter spouse's             | evejaj eecilijih 140<br>IS USU INCOME) | ahove and full nar   | ne here.       | ·           |  |                     |
|                                | 3<br>4               | Head of household (with qualifying person   | i) (See page 19.)                      | If the qualifying i  | oerson is      | a child     | but not your depe  | ndent.              |
| Check only                     | 4                    | enter this child's name here.   | v. (occ pogo 10)                       |                      |                | · · · ·     |  |                     |
| one box.                       | 5                    | Qualifying widow(er) with dependent chil  | d (year spouse t                       | oled ► ).            | (See pag       |             |  |                     |
|                                | 6a·                  | Yourself. If your parent (or someone else) ca   | ın claim you as a                      | a dependent on i     | his or he      | rtax        | No. of boxes<br>checked on                                   | ,                   |
| Exemptions                     |                      | return, do not check box 6a .   |  |                      | • •            | • • •       | fia and 5b .   |                     |
|                                | b                    | Spouse  | <del></del>                            | (3) Dependent's      | (4) V if qua   | iiivina     | No. et year<br>children on 6c                                |                     |
| *                              | C                    | corists   | Dependent's security number            | relationship to      | child for chi  | id tax      | Mpa:   | 1                   |
|                                |                      | (1) First name Last name  | -                                      | CALLO.               | credit (see pa | <u> </u>    | • lived with you .   | <u> </u>            |
| If more than six               |                      | SLOPEN  | -                                      | CAILCO.              |                | <u> </u>    | <ul> <li>did not live with<br/>you due to divorce</li> </ul> |                     |
| dependents.                    |                      |   |  |                      |                |             | or separation<br>(see page 20)                               |                     |
| see page 20.                   |                      |   |  |                      |                |             | Dependents on 60   |                     |
| •                              |                      |   |  |                      |                |             | not entered above  |                     |
|                                | ٠.                   |   |  |                      |                |             | Add numbers<br>entered on                                    | 3                   |
| ·                              | d                    | Total number of exemptions claimed  |  | ·                    |                | <del></del> | lines above >  |                     |
|                                | 7                    | Wages, salaries, tips, etc. Attach Form(s) W-2  |  |                      |                | 7           | 78057  | 03                  |
| Income                         | 8a                   | Taxable interest. Attach Schedule B if required   |  | ,                    | ·, ~           | 8a          |  | 00                  |
| Attach                         | ъ                    | Tax-exempt interest. Do not include on line 8a  | . , . <u>8</u> 6                       | <del></del>          | <u> </u>       | 9           |  | 1                   |
| Forms W-2 and W-2G here.       | 9                    | Ordinary dividends. Attach Schedule B if require  |  |                      |                | 10          |  | _                   |
| Also attach                    | 10                   | Taxable refunds, credits, or offsets of state and   | local income tax                       | es (see page.22      | 4              | 111         |  |                     |
| Form(s) 1099-R<br>if tax was   | 11                   | Alimony received  Business income or (loss). Attach Schedule C or                                       | C-F7                                   | • • • •              | •              | 12          |  |                     |
| withheld.                      | 12<br>13             | Capital gain or (loss). Attach Schedule D if require  | red if not requir                      | ed, check here       | ▶ □            | 13          |  |                     |
|                                | 14                   | Other gains or (losses). Attach Form 4797   | .oc. ii iiot ioqui                     |                      |                | 14          | · ·  | <u> </u>            |
| If you did not                 | 15a                  | Total IRA distributions . 15a   | b Taxal                                | ble amount (see p    | age 23)        | 15b         |  |                     |
| get a W-2.                     | 16a                  | Total pensions and annuities 16a  | b Taxal                                | bie amount (see p    | age 23)        | 16b         |  | <del></del>         |
| see page 21.                   | 17                   | Rental real estate, royalties, partnerships, 5 corp.  | orations, trusts,                      | etc. Attach Sche     | dule E         | 17          |  | ┼─                  |
| Enclose, but do                | 18                   | Farm income or (loss), Attach Schedule F  |  |                      | • • •          | 19          |  | +-                  |
| not attach, any payment. Also, | 19                   | Unemployment compensation   | 7 77 1                                 |                      |                | 20b         | <del></del>  | <del> </del>        |
| please use .                   | 20a                  | Social security benefits 20a  |  | ble amount (see p    | age 45)        | 21          |  | ╁                   |
| Form 1040-V.                   | 21<br>22             | Other income. List type and amount (see page 2 Add the amounts in the far right column for lines 7      | through 21. This                       | is your total inc    | ome ►          | 22          | 76078  | $\overline{\infty}$ |
|                                |                      | IRA deduction (see page 27)   | i oo                                   | i                    |                |             |  |                     |
| Adjusted                       | 23<br>24             | Student loan interest deduction (see page 28).  |  |                      |                |             |  |                     |
| Gross                          | 25                   | Archer MSA deduction. Attach Form 8853  |  |                      |                |             |  | 1                   |
| Income                         | 26                   | Moving expenses, Attach Form 3903   | هم ا                                   |                      |                | -/////      |  |                     |
|                                | 27                   | One-half of self-employment tax. Attach Schedu  | · 1                                    | <u> </u>             |                | -/////      |  | 1                   |
| ٠                              | 28                   | Self-employed health insurance deduction (see p   | page 30) 28                            |                      | `_             | -9///       | •  | 1 .                 |
| •                              | 29                   | Self-employed SEP, SIMPLE, and qualified plans  |  |                      |                | -{/////     |  | 1 .                 |
| _                              | 30                   | Penalty on early withdrawal of savings  | 30                                     | <del></del>          |                | -{/////     |  |                     |
| •                              | 31a                  | Alimony paid b Recipient's SSN ▶  | 31a                                    |                      |                |             | Ø  |                     |
|                                | 32                   | Add lines 23 through 31a  | ted arace inser                        | , , , ,              |                | 32          | 78078  | 60                  |
| Englishing Dr                  | 33<br>iua <i>c</i> u | Suptract line 32 from line 22. This is your bojust<br>Act, and Paperwork Reduction Act Notice, see      |  | Cat. No. 1           | L26000W        | - 00        | Form 1040  |                     |

Apr 21 07 01:56p 1 Stop Shipping Shop 513-423-9488

| Form 10                          | 40 (2001)       | ) <u> </u>     |                                  |  |                      |                                | -           |                        | ·                 |                                       | Page 2              |
|----------------------------------|-----------------|----------------|----------------------------------|--|----------------------|--------------------------------|-------------|------------------------|-------------------|---------------------------------------|---------------------|
| Tax a                            | - n-d           | 34             | Amount from:                     | ine 33 (adjusted gr                            | oss incomel          | • • •                          |             |                        | 34                |                                       |                     |
| Cred                             |                 | 35a            | Check if: D                      | ou were 65 or olde                             | er.   Rlind: [       | Spouse                         | <br>26 65 A | older Pried            |                   | 7807                                  | שום                 |
| Standa                           |                 | ·              | Add the numb                     | er of boxes checke                             | d above and er       | ter the total                  | here        | Older, E. Birto.       |                   |                                       | 1                   |
| Deduct                           |                 | ь              | If you are man                   | ried filing separatel                          | and vour soor        | re itemizer                    | dodustia    | , . , P 00a            | <del>-</del> //// |                                       | 1                   |
| for—                             |                 |                | you were a du                    | al-status alien, see                           | page 31 and d        | nac itemizes i<br>heck here    | aeanciio    | 115, OI<br>- 35h       | n                 |                                       |                     |
| <ul> <li>Peop checker</li> </ul> | d anv           | 36             | itemized dedu                    | ictions (from Sche                             | dule A) or your      | standard de                    | duction     | /see left mercini      | 38                | · · · · · · · · · · · · · · · · · · · | - od (              |
| box on                           | line i          | 37:            | Subtract line 3                  | 6 from line 34                                 |                      |                                | 0000001     | pee leit margini       | 37                |                                       |                     |
| 35a or 3                         | n.be            | 38             | If line 34 is 59:                | 9,725 or less, multi                           | ply \$2,900 by th    | ne total numb                  | or of av    | ometicae alci          |                   |                                       |                     |
| claimed<br>depend                |                 | l              | line 6d, If line :               | 34 Is over \$99,725,                           | see the workst       | ne total mane.<br>Neet on mane | 72<br>72    | emplions cialmed       | 38                |                                       | 000                 |
| see pag                          |                 | 39             | Taxable incon                    | ne. Subtract line 38                           | from line 37. If     | line 38 is mo                  | ore than    | line 37 enter 1        | 39                |                                       |                     |
| • All ot                         | hers:           | 40             | Tax (see page 3)                 | ). Check if any tax is                         | from a D For         |                                |             | Form 4972              | 40                | T                                     | Tão .               |
| Single;:<br>\$4,550              | - 4             | 41             | Alternative mi                   | nimum tax (see pa                              | ge 34). Attach F     | orm 6251                       |             | 0111 4012              | 41                |                                       | <del></del> -       |
| Head of                          | .               | 42             | Add lines 40 ar                  | nd 41  |                      |                                | • • •       | • • • • •              | 42                | 1                                     | 00                  |
| househo                          |                 | 43             | Foreign tax cre                  | dit. Attach Form 11                            | 16 if required       | • • •                          | 43          | • • • • • •            |                   | <u> </u>                              | -                   |
| \$6,650<br>Married               | filling         | 44             | Credit for child's               | nd dependent care                              | expenses, Attacl     | Form 2441                      | 44          | 480                    | $\infty$          |                                       | .                   |
| jointly or                       |                 | 45             | Credit for the e                 | lderly or the disabl                           | d. Attach Sche       | dule R                         | 45          |                        |                   |                                       | 1                   |
| Qualifyin widow(er               |                 | 46             | Education credit                 | s. Attach Form 8863                            |                      |                                | 46          |                        |                   |                                       |                     |
| \$7,600                          | "               | 47             | Rate reduction of                | redit. See the works                           | heet on page 36      |                                | 47          |                        |                   |                                       | 1                   |
| Married                          | 1.              | 48             | Child tax credit (               | see page 37)                                   |                      |                                | 48          | 400                    | ∞ <i>////</i>     |                                       |                     |
| filing<br>separate               | ly.             | 49.            | Adoption credit,                 | Attach Form 8839.                              |                      |                                | 49          |                        |                   |                                       |                     |
| \$3,800                          | الا             | 50`            | Other credits fro                | om: a 🗌 Form 3                                 |                      | orm 8396                       |             |                        |                   |                                       | -                   |
|                                  | ٠;              |                | c ☐ Form 8801                    |  | pecify)              |                                | 50          |                        |                   |                                       | 1                   |
|                                  |                 | 51             | Add lines, 43 thr                | ough 50. These are                             | your total cre       | dits                           |             |                        | 51                | 1080                                  | $\infty$            |
|                                  |                 | 52             | Subtract line 51                 | from line 42. If line                          | 51 is more tha       | n line 42, en                  | ter -0      | <u> </u>               | <b>▶</b> 52       | 10258                                 | 00                  |
| Other                            |                 | 33             | Self-employmen                   | t tax. Attach Schei                            | dule SE              |                                |             |                        | . 53              |                                       |                     |
| Taxes                            |                 | 54             | Social security an               | d Medicare tax on ti                           | p income not rep     | orted to emplo                 | oyer. Atta  | ch Form 4137 · .       | 54                | <u> </u>                              |                     |
|                                  |                 | 55<br>56       | rax on quantied p                | ans, including IRAs, a                         | nd other tax-favo    | red accounts.                  | Attach Fo   | rm 5329 if required    |                   | <u> </u>                              | <u> </u>            |
|                                  |                 | 70<br>77 I     | Kovance earned<br>Kovsehold empl | income credit pay<br>oyment taxes. Atta        | ments from For       | m(s) W-2 .                     |             |                        | . 56              | <del> </del>                          | <del></del>         |
|                                  |                 | 8              | Add lines 52 thr                 | ough 57. This is yo                            | en Schedule H        |                                |             | • • • • •              | . 57              | 120.20                                | 4                   |
| Paymen                           | its 5           |                |                                  | ax withheld from F                             |                      |                                | 59          | 12389                  | 58                | 10258                                 | 00                  |
|                                  | 6               | 0 2            | 001 estimated tax                | payments and amount                            | Drins W-2 and        | 1099                           | 60          | 12.709                 | <del>~</del>      |                                       |                     |
| If you have                      | ea _6′          | ia E           | amed income cr                   | edit (FIC)                                     | abbieco ironi 2000   | reum .                         | 61a         | <del></del>            |                   |                                       | 1                   |
| qualifying<br>child, atta        | ch              |                | lontaxable eam                   |  | 61ъ                  | 1 1                            |             | <del></del>            |                   |                                       | 1                   |
| Schedule                         |                 |                |                                  | curity and RRTA ta                             | x withheld (see      | page 51)                       | 62          |                        |                   |                                       | ľ                   |
| <u> </u>                         | <sup>)</sup> 63 | 3 A            | dditional child t                | ax credit, Attach Fo                           | orm 8812             | page on                        | 63          |                        |                   |                                       |                     |
|                                  | 64              | a A            | mount paid witi                  | request for exten                              | sion to file (see    | page 53)                       | 64          |                        |                   |                                       | '                   |
|                                  | 65              | 50             | ther payments. C                 | heck if from a 🗌 F                             | xm 2439 b ☐ 1        | Form 4136                      | 65          |                        |                   |                                       | ŀ                   |
|                                  | 66              | <u> </u>       | dd lines 59, 60,                 | 61a, and 62 through                            | th 65. These are     | e your total r                 | ayment      | s .                    | 66                | 12389                                 | တ                   |
| Refund                           | 67              | r If           | line 66 is more t                | han line 58, subtra                            | t line 5.8 from li   | ne 66. This is                 | the amo     | ount you overpai       | d 67              | 2131                                  | $\overline{\infty}$ |
| Direct<br>deposit? Se            | 68              | Na Al          | mount of line 67                 | you want refunde                               | d to you , ,         |                                |             |                        | ► 68a             | 2131                                  | 00                  |
| page 51 and                      | d 🕨             | _              | outing number                    |  |                      | ► с Туре                       | :D Che      | cking 🔲 Saving:        | s //////          |                                       |                     |
| fill in 68b,<br>68c, and 68      | <b>→</b>        |                | count number.                    |  |                      |                                | T           | 7 7 7 7                |                   |                                       |                     |
| Amount                           | 08              | Ar             | nount of line 67 yo              | u want applied to yo                           | ur 2002 estimate     | d tax 🕨                        | 69          |                        |                   |                                       |                     |
| You Owe                          | 70<br>71        | Ar<br>Es       | nount you owe<br>timated tax per | . Subtract line 66 fi<br>nalty. Also include ( | om line 58. For      | details on ho                  | w to pa     | y, see page 52 l       | 70                |                                       |                     |
|                                  |                 | Do vo          | u want to allow                  | another person to a                            | Signing 70           |                                | 71          |                        |                   |                                       |                     |
| Third Par                        | rty j           | Dania.         |                                  | another person to c                            |                      | m with the IR                  | S (see p    | age 53)? 📋 Ye          | s. Comple         | te the following.                     | ⊠ No                |
| Designee                         | ,               | Design<br>name |                                  |  | Phone<br>no. ▶       |                                |             | Personal ide           |                   |                                       | <del></del>         |
| Sign                             | į               | Jnder p        | enalties of perjury,             | I declare that I have ex                       | constant at the con- | and accompany                  | vina sched  | number (PIN            |                   | boot of my language                   |                     |
| Here                             |                 | ,              |                                  | i, and complete. Declar                        | ation of preparer (o | ther than taxpay               | er) is pase | ed on all information  | of which prep     | erer has any knowled                  | eand<br>Ige         |
| Joint return?                    | ' <b>k</b>      | Optir si       | gnature                          | James II                                       | Date                 |                                | ccupation   |                        |                   | ne phone number                       |                     |
| See page 19                      |                 |                | pulse E                          | M  | 1 - 4 -7 -           | 2 <u>~</u> ↓ ₹∕∧c              | NITE SE     | e Braker               | ( '               | 1423-4076                             | _                   |
| Keep a copy for your             | <b>7</b> / s    | pede           | 's signature (a)                 | pini biura both musi                           | sign. Date           | Spous                          | e's occup   |                        |                   |                                       |                     |
| records.                         | <u> </u>        | 40             | T Jun                            | V SUSUR  | 1 2.6.               | 02 AD                          |             | OFER                   |                   |                                       |                     |
| Paid                             |                 | repare         |                                  |  |                      | Date                           |             |                        | Prepa             | rer's SSN or PTIN                     |                     |
| Preparer's                       | ¢               | ignatur        |                                  |  |                      |                                |             | Check if self-employed | _ 1               |                                       |                     |
| Use Only                         | - y             | ours if        | ame (or<br>self-employed),       |  |                      |                                |             | EIN                    | <u> </u>          | <del>.</del>                          | <del></del>         |
|                                  | · a             | ddress         | and ZIP code                     |  |                      |                                |             | Phone no.              | (                 | )                                     |                     |
|                                  |                 |                |                                  |  |                      |                                |             |                        |                   | Form 1040                             | (2001)              |

Apr 21 07 01:57p

1 Stop Shipping Shop

513-423-9488

p.20

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| YEE'S Records                            |  |   | OMB No.  |
|--|--|---|--|
| c).                                      |  |   | 2001 1545-0008   |
| 1 Wages, (ips., other comper<br>56609.76 | estion   |   | 10536.13   |
| 3 Social security wages 56609.76         |  |   | 3509.81  |
| 5 Medicare wages and tips<br>56609.76    |  | 6 Medicare 1  | 820.84   |
| · · · · · · · · · · · · · · · · · · ·    | 12 See   | insurs, for Box<br>C  | 109.93   |
| AMBLE PLAZA                              |  |   |  |
| d ZIP code                               |  |   |  |
|  | 14 Other   | ,   |  |
| Sick-Pay                                 |  |   |  |
| Employer's State 1.D. # 16               | /16 State or   | Local wages   | 17/19 State or Local tax   |
| 51-060340                                | 5  | 64 <b>99.83</b>   | 2476.06  |
| 00584 <del>-</del> W                     | 5  | 7530.08   | 575.21   |
|  |  |   |  |
|  | 56609.76  3 Social security wages 55609.76  S Medicare wages and tips 56609.76  AMBLE CO. GAMBLE PLAZA 45202  at ZIP code  T.  I 45042  ent Third Party Sick-Pay  Employer's State 1.D. # 16 | C).  I Wages, tips, other compensation 56609.76  3 Social security wages 56609.76  5 Medicare wages and tips 56609.76  I2 Sec  AMBLE CO. GAMBLE PLAZA 45202  I2 IP code  I4 Other  I.  I 45042  cert Third Party Sick Pay | C).  I Wages, tips, other compensation  56609.76  3 Social security wages  56609.76  5 Medicare wages and tips  56609.76  I2 See Instr. for Box  C  AMBLE CO.  GAMBLE PLAZA  45202  I2 IP code  I4 Other  I.  I 45042  cert Third Party Sick-Pay |

SLOAN 0009 BERT V. AK STEEL Apr 21 07 01:57p

1 Stop Shipping Shop

513-423-9488

p.21

| Form 1099-R                      | CORRECTED (if checked)              | OMB No. 1545-0119 <b>2001</b>                |
|----------------------------------|-------------------------------------|--|
| 1 Gross distribution             | 2e Texable amount                   | Distributions From Pensions, Annuities,      |
| 10,863.76                        | 10,863.76                           | Retirement or<br>Profit-Sharing              |
| 2b Taxable amount not determined | Total distribution                  | Plans, IRAs,<br>Insurance<br>Contracts, etc. |
| DAVED'S                          | name elected addresses with phale i | and 710 code                                 |

AMERICAN CENTURY SERVICES CORP FOR THE P&G PROFIT SHARING TRUST & EMPLOYEE STOCK OWNERSHIP PLAN PO BOX 419784 KANSAS CITY, MO 64141-6784

| PAYER'S Federal identification nu<br>43~6389221           |                                      | RECIP        | IENTS                 | identificatio               | u unumper |   |
|---|--------------------------------------|--------------|-----------------------|-----------------------------|-----------|---|
| 3 Capital gain (included<br>in box 2a)                    | 4 Federal Income tax wamasu 2,172.75 |              |                       | or insurance premiums  0.00 |           |   |
| 0.00  |                                      |              |                       |                             |           |   |
| 6 Net unrealized appreciation<br>in employer's securities | 7 Distribution                       | code         | RA/<br>SEP/<br>SIMPLE | & Other                     |           | * |
| 0.00  | 1                                    |              | L                     |                             | 0.00_     |   |
| 9a Your percentage of total dist                          | 95 Total employee contributions      |              |                       |                             |           |   |
| RECIPIENTS name and s                                     | treet address (inc                   | i. apt. no.) | , city, st            | ate and 21                  | code      |   |

RONALD E SLOAN JR 206-2A WEBSTER ST. MIDDLETOWN, OH 45042

| Account number (optional)                | 10 State tax withheld<br>0.00 |                       |
|--|-------------------------------|-----------------------|
| 11 State/Payer's state no.<br>OH 5230438 | 83                            | 12 State distribution |
| 13 Local tax withheld                    | 14 Name of locality           | 15 Local distribution |
| Conv. C. Fox De                          | cipient's Becords             |                       |



Apr 21 07 01:58p 1 Stop Shipping Shop

513-423-9488

p. 22

| •                      | Sept Sept in the Assessment of the september of                        |                             | ividends and                   | Distributions                 |                  |                        | CALENDAR VEAD  | 200        | 1001  | This is importent tax | heim trimished to the | Infernal Revenue  | Service, If you are   | required to file a return,<br>a realizance negative or | other senction may be                | Income is faxable and | the iRS determines that     | is reas not been | and of | Internal Revenue Service                              |
|------------------------|--|-----------------------------|--------------------------------|-------------------------------|------------------|------------------------|--|------------|---|-----------------------|-----------------------|-------------------|---|--|--------------------------------------|-----------------------|-----------------------------|------------------|--------|---|
|                        | OMB No. 1565-0110  |                             |                                | a = dr Racipiem!              |                  |                        | 2d Unrecap, sec. 1250 gain   | · •        | 3 Nontaxable distributions  |                       | •                     | 0.00              | 5 Investment expenses   | 00.00  | 7 Foreign country or U.S. possession |                       | 9 Noncash liquidation distr | •                | 00.00  | Department of the Treasury - Internal Revenue Service |
| CORRECTED (if checked) | 1 Ordinary dividends   | \$ 77.58                    | 2a Total capital gain distr.   | 0 <b>0.</b> 00                | 2b 28% rate gain | 00.0                   |  | ם יים      | 3   | _                     | 6                     | 0.00              | 4 Federal income tax withheld 5 Investment expenses   | \$ 0.00  | 6 Foreign tax paid                   | \$ 0.00               | 8 Cash Ilquidation disir.   | \$               | ł      | (Keep for your records.)                              |
| CORREC                 | PATER'S name, street endress, city, state, ZiP code, and telephone no. | ANTIOTION COLLEGES SECTIONS | THE P&G PROFIT SHARING TRUST & | EMPLOYEE STOCK OWNERSHIP PLAN | FU BUX 419784    | WHICH IN OUTHING WHITE | PAYEH'S Faceral Identification number   RECIPIENT'S Identification number   2c Qualified 5-year gain | 43-6389220 | RECIPIENT'S name, street address (incl. apt. no.), city, state, and ZIP code 2e Section 1202 gain |                       | GI NOUS H LIGHTS      | 206-24 WERSTER AT | TOTAL STATE OF STATE |  |                                      |                       | Account number (optional)   | 1-800-345-2345   |        | 16 - 0331690  |

Apr 21 07 01:58p

1 Stop Shipping Shop

513-423-9488

p.23

CONFIDENTIAL

- 1099-DIV, DIVIDENDS AND DISTRIBUTIONS RONALD E SLOAN JR 206-2A WEBSTER ST. MIDDLETOWN OH 45042 CUSTOMER NAME, ADDRESS Combined Tax Statement for Year 2001 THE PROCTER & GAMBLE PROFIT SHARING TRUST AND ESOP ONE PROCTER & GAMBLE PLAZA 0001 CUSTOWER | -888-407-6097 45202 31-0975703 CINCINNATI, OHIO 100000

For Form 1099-B, DIV, INT, MISC and DID: This is important fax information and is being furnished to the internal Revenus Sawles, if you are to file a return, a negligance penalty or other sanction may be impead on you if this income is takable and the IRS determines that it has not been Form 1099 OID: This may not be the correct figure to report on your income tax return. Son instructions below. IR DISTRIBUTIONS PAID FROM PST FOR THE REST OF THE CALENDAR YEAR. CENTURY FOR DIVIDENDS THIS REPRESENTS DIVIDENDS PAID FROM PST THROUGH . MORGAN/AMERICAN

7

**SLOAN 0012** BERT V. AK STEEL Apr 21 07 01:58p

1 Stop Shipping Shop 513-423-9488

| <u>1040</u>                  | <u>U.S</u> | 6. Individual Income Tax  | Return <u>Goot</u>          | = (L)                                  | 20 '   | write or staple in this space.  OMB No. 1545-0074 |                 |
|------------------------------|------------|---|-----------------------------|--|--|---|-----------------|
|                              |            | the year Jan. 1-Dec. 31, 2002, or other tax yea                         |                             | 02, ending                             |  | Your social security num                          | ber             |
| abel                         |            | our first name and initial  | Last name                   |  | •  |   |                 |
| e A<br>tructions B           | . !        | Monoro t.   | SLOAN                       |  | <del></del> :                                  | Spouse's social security is                       | мипре           |
| page 21.) E                  | lf i       | a joint return, spouse's first name and init                            | Last name Scotol            |  |  |   |                 |
| e the IRS                    |            | TRICA 5.  prine address (number and street). If you to                  |                             | 1                                      | Apt. no.                                       | A luna a damel                                    | $\overline{A}$  |
| xel. H                       | 1 -        |   |                             |  | 2₽   | ▲ Importanti                                      |                 |
| herwise, 2<br>lese print R   |            | ty, town or post office, state, and ZIP coo                             | de Harau have a foreign ock | iness, see pad                         |  | You must enter<br>your SSN(s) above               |                 |
| ese print H<br>type.         | G          | ty, town or post omce, state, and 20 coo<br>M/10006-70WU, Oid           | 45045                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ··· )  |   |                 |
| esidential 🔪                 |            | 1                                 |                             |  |  | You Spou  |                 |
| ection Campaig               | n          | Note. Checking "Yes" will not che<br>Do you, or your spouse if filing a | inge your tax or reduce ;   | n to this fun                          | d? ▶   | ☐Yes ☑No ☐Yes                                     | XJ <sub>N</sub> |
| e page 21.)                  |            |   | Offic (Carry, Wall do 19 8  | # Dane                                 | of bousehold fwith a                           | ualifying person). (See pag                       | ж 21.)          |
| E Ointen                     | •          | Single  |                             | the or                                 | on interpretation is a condition               | hild but not your depende                         | nt, eni         |
| ling Status                  | 2          | Married filing jointly (even if only                                    | one nad income;             |  | hild's name here.                              | · · · · · · · · · · · · · · · · · · ·             |                 |
| eck only                     | 3          | Married filing separately. Enter a                                      | h dependent child (yea      | dependent child fvear                  |  |   |                 |
| e box.                       |            | and full name here.   | (See page 21.)              |  |  |   |                 |
|                              |            | Yourself. If your parent (or so   | manne else) can claim Vi    |  |  |   | a               |
| romntions                    | <b>6</b> a | return, do not chec   | k box 6a                    |  |  | checked on  |                 |
| kemptions                    | 9.         | X Spouse  |                             |  |  | No. of children                                   | í               |
|                              | c          | <u> </u>  | (2) Dependent's             |  | pendent's (4) Vif quad                         | tying on 6c who:<br>of tax • Eved with you        | 1               |
|                              | C          | (1) First name tast name  | social security num         | her lives                              | onship to child for chil<br>you credii (see pa |   | ١               |
|                              |            | SLOPY   |                             | 1 CA                                   | AUD 🗵  | you due to divorce                                | ,               |
| more than five               |            | <u></u>   |                             |  |  | or separation (see page 22)                       |                 |
| pendents,                    |            |   |                             |  |  | Dependents on Sc                                  |                 |
| e page 22.                   |            |   |                             |  |  | not entered above                                 |                 |
| •                            |            |   |                             |  |  | Add numbers<br>on lines                           | 13              |
|                              |            | Total number of exemptions claim  | ned .                       |  |  | above ►   | 느               |
|                              |            | Wages, salaries, tips, etc. Attach                                      |                             |  |  | 7 36988   | 4               |
| come                         | 7          |   | Rif required                |  |  | 8a  |                 |
|                              | 8a         |   |                             | 8 <sub>b</sub> ]                       |  |   | -               |
| tach                         | t          | Ordinary dividends. Attach Sched  | the Bif required            |  |  | 9   |                 |
| rms W-2 and<br>-2G here.     | . 9        | Taxable refunds, credits, or offset                                     | e of state and local inco   | me taxes (se                           | ee page 24)                                    | 10  | - -             |
| so attach                    | 10         | Allmony received  |                             |  |  | 11  |                 |
| rm(s) 1099-R<br>tax was      | 11<br>12   | Business income or (loss). Attach                                       | Schedule C or C-EZ .        |  |  | 12  |                 |
| thheid.                      | 13         | Capital gain or (loss). Attach Sche                                     | edule D if required. If not | required, cl                           | neck here 🕨 🔲                                  | 13  | -               |
|                              | 14         | Other gains or (losses). Attach Fo                                      | m 4797                      |  |  | 14  | ╬               |
|                              | 15a        | 1459  |                             | o Taxable am                           | ount (see page 25)                             | 156   |                 |
| you did not<br>at a W-2,     | 168        | (153)   |                             | b Taxable am                           | ount (see page 25)                             | 16b   |                 |
| e page 23.                   | 17         | Rental real estate, royalties, partn                                    | erships. S corporations, t  | brusts, etc. A                         | ttach Schedule E                               | 17  |                 |
|                              | 18         | Farm income or (loss). Attach Sch                                       |                             |  |  | 18  | -+              |
| close, but do<br>attach, any |            | Unemployment compensation   |                             |  | <i></i> .                                      | 19  |                 |
| yment Also.                  | 19<br>20a  |   |                             | ь Taxable ал                           | nount (see page 27)                            | 20b   | <del></del>     |
| ease use                     | 21         | Other income lifet time and amount                                      | unt (see page 29)           |  |  | 21  | <del>,  </del>  |
| xm 1040-V.                   | 22         | Add the amounts in the far right co                                     | durnn for lines 7 through 2 | 1. This is yo                          | ur total income 🚩                              | 22 34988  | <del>-</del> -  |
| ·                            | 23         | Educator expenses (see page 29)   |                             | 23                                     |  | - <b>//////</b>                                   | -               |
| djusteđ                      | 24         | IRA deduction (see page 29) .   |                             | 24                                     |  | - <i>Ulli</i>                                     |                 |
| ross                         | 25         | Student loan interest deduction (                                       | see page 31)                | 25                                     |  |   | - 1             |
| ncome                        | 26         | Tultion and fees deduction (see p                                       |                             | 26                                     |  | - <i>VIII</i> I                                   | - [             |
| (COIIIC                      | 27         | Archer MSA deduction. Attach Fo   |                             | 27                                     |  | - <i>Willi</i>                                    | 1               |
|                              |            | Moving expenses, Attach Form 3  |                             | 28                                     |  | <i>\( \)</i>                                      |                 |
|                              | 28         | One-half of self-employment tax.  | Attach Schedule SF          | 29                                     |  |   |                 |
|                              | 29         | Self-employed health insurance of                                       | feduction (see name 33)     | 30                                     |  |   |                 |
|                              | 30         | Self-employed SEP, SIMPLE, and  | d cualified plans           | 31                                     |  |   | ļ               |
| -                            | 31         | Penalty on early withdrawal of sa                                       |                             | 32                                     |  |   | ł               |
|                              | 32         | Penalty on early withdrawal of sa<br>Alimony paid b Recipient's SSN >   |                             | 33a                                    |  |   | - [             |
|                              | 33:        | Add lines 23 through 33a  | <del></del>                 |  |  | 34  |                 |
|                              | 34         | A alal limes 22 three 12th 224  | · ·                         |  |  | 35 4.98   |                 |

Apr 21 07 01:59p 1 Stop Shipping Shop

| 513-423-9488                 | p.25 |
|------------------------------|------|
| 513-423-9488<br>CONFIDENTIAL |      |

| Form 10/10                   | PODOD          |                 |  |                |                      | age 2       |
|------------------------------|----------------|-----------------|--|----------------|----------------------|-------------|
| Form 10%                     | (2002)         |                 |  | 1 1            |                      | 390 -       |
| Tax ar                       | ıd             | 36              | Amount from line 35 (adjusted gross income)  | 36             | 36488                |             |
| Credit                       | S              | 37a             | The state of the s |                |                      | Į           |
| Standard                     |                |                 | Add the number of boxes checked above and enter the total here > 37a   |                |                      | i           |
| Deduction                    |                | b               | If you are married filing separately and your spouse itemizes deductions, or   |                |                      | Į           |
| for—                         |                |                 | you were a dual-status allen, see page 34 and check here ▶ 37b □   |                | 2422                 |             |
| People     checked a         |                | 38              | Itemized deductions (from Schedule A) or your standard deduction (see left margin).  | 38             | <u> 1850</u>         |             |
| box on lin<br>37a or 37      |                | 39              | Subtract line 38 from line 38  | 39             | <u> 29138 </u>       |             |
| Who can I                    | be i           | 40              | If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on   |                |                      | ]           |
| dependen                     |                |                 | line 6d. If line 36 is over \$103,000, see the worksheet on page 35  | 40             | <b>କ୍</b> ଟେଡ        | <b></b>     |
| see page                     | 34.            | 41              | Taxable income. Subtract line 40 from line 39, if line 40 is more than line 39, enter -0-  | 41             | 20138                |             |
| ● All othe                   | ns:            | 42              | Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972  | 42             | 2419                 |             |
| Single,<br>\$4,700           | ſ              | 43              | Alternative minimum tax (see page 37). Attach Form 6251  | 43             |                      |             |
| Head of                      |                | 44              | Add lines 42 and 43  | 44             | 2419                 |             |
| household                    | , [            | 45              | Foreign tax credit. Attach Form 1116 if required   |                |                      |             |
| \$6,900                      |                | 46              | Credit for child and dependent care expenses. Attach Form 2441 46 480  |                | •                    |             |
| Married fili                 | ng             | 47              | Credit for the elderly or the disabled, Attach Schedule R  |                |                      |             |
| Qualifying                   |                | 48              | Education credits. Attach Form 8863  |                |                      |             |
| widow(er),<br>\$7,850        |                | 49              | Retirement savings contributions credit. Attach Form 8880 . 49   |                |                      | i           |
| Married                      | - 1            | 50              | Child tax credit (see page 39)   |                |                      | !           |
| filing                       | 1              |                 | Adoption credit. Attach Form 8839  |                |                      | }           |
| separately,<br>\$3,925       | . 1            |                 | Credits from: a Form 8396 b Form 8859 52   |                |                      |             |
|                              |                | 53              | Other credits. Check applicable box(es): a  Form 3800  |                |                      |             |
|                              |                |                 | b ☐ Form 8801 c ☐ Specify 53   |                | •                    |             |
|                              |                | 54              | Add lines 45 through 53. These are your total credits  | 54             | C301                 |             |
|                              |                | 55              | Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-  | 55             | 1339                 |             |
| 04b                          |                |                 | Self-employment tax. Attach Schedule SE  | 56             |                      |             |
| Other                        |                |                 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137  | 57             |                      |             |
| Taxes                        |                | 58              | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required   | 58             | •                    |             |
|                              |                |                 | Advance earned income credit payments from Form(s) W-2   | 59             |                      |             |
|                              | 1              | <b>50</b>       | Household employment taxes. Attach Schedule H  | 60             | ·····                |             |
|                              | (              | 61              | Add lines 55 through 60. This is your total tax  | 61             | 1339                 |             |
| Payment                      | S (            |                 | Federal Income tax withheld from Forms W-2 and 1099 . 62 2239  | <i>iiiiiii</i> | 1//                  |             |
|                              |                |                 | 2002 estimated tax payments and amount applied from 2001 return 63   |                |                      | 1           |
| If you have                  | . 1            |                 | Earned Income credit (EIC) 64  |                |                      | ļ           |
| qualifying                   | ء آ            | 55 !            | Excess social security and tier 1 RRTA tax withheld (see page 56)  |                |                      |             |
| child, attack                | n į            |                 | Additional child tax credit. Attach Form 8812  |                |                      | •           |
|                              | - 1            |                 | Amount paid with request for extension to file (see page 56) 67  |                |                      | į           |
|                              |                |                 | Officer payments from: a Form 2439 b Form 4136 c Form 8885 . 68  |                | ,                    | İ           |
|                              | 6              |                 | Add lines 62 through 68. These are your total payments   | 6 <b>9</b>     | 2139                 |             |
| Refund                       | 7              |                 | f line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid   | 70             | 900                  | <del></del> |
|                              | 5              | ta A            | Amount of line 70 you want refunded to you   | 71a            | 900                  | ·           |
| Direct deposi<br>See page 56 | ,, F.          |                 |  | iiiii          |                      |             |
| and fill in 71b              |                |                 | Routing number   |                |                      | l           |
| 71c, and 71d                 |                |                 |  |                |                      |             |
| Amount                       |                | 3 4             | unount of line 70 you want applied to your 2003 estimated tax ► 1 72   through you owe. Subtract line 69 from line 61. For details on how to pay, see page 57 ►  | 73             |                      | !           |
| You Owe                      | -              | 4 E             | stimated tax penalty (see page 57)   | iiiine         |                      |             |
|                              | ***            |                 | ou want to allow another person to discuss this return with the IRS (see page 58)? Yes. (  |                | ta the following     | NO NO       |
| Third Par                    | -              |                 |  | •              | in the minantal.     | h-r         |
| Designee                     | )              | Desig<br>name   |  | ation _        |                      |             |
| Sign                         |                | Under           | penalties of penjury, I declare that I have examined this return and accompanying schedules and statements, examined   | to the         | best of my knowledg  | e and       |
| Here                         |                | belief,         | they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh  | ikin prep      | earer has any knowle | dge.        |
| Joint return?                |                | Youk            | signature Date Your occupation   | Daytir         | me phone number      | •           |
| See page 21.                 |                | 11              | toute to 1 228-03 loon Officer   | -              | 3,423-06             | 40          |
| Кеер а сору                  |                | Sopus           | se's signature. (If a joint roturn, both must sign. Date Spouse's occupation   | mini.          |                      |             |
| for your<br>records.         | <b>V</b>       | (V)             | (COU) VOCONU 2.28 03 PATE SPECIALIST   |                |                      |             |
|                              | <del>/</del> - | 7.              |  |                | words SCAL are STEAL |             |
| Paid .                       | `              | Prepa<br>signat | Check if   | стера          | eren's SSN or P'TIN  |             |
| Preparer's                   |                | Firm's          | name (or   | -:             |                      |             |
| Use Only                     |                | YOUTS           | if self-employed),   | <del></del>    |                      |             |
| <del> </del>                 |                | aunit           | SS, Ario ZIP code / Phone no.  | <del>'</del>   | <del>-1</del>        |             |
|                              |                |                 |  |                |                      |             |

Apr 21 07 01:59p

I Stop Shipping Shop

513-423-9488 p.26

**EMPLOYEE W-2 WAGE SUMMARY 2002** 

0043-1124 000200

The chart below indicates your 2002 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages  $(Box\ 1)$  and state wages.

OHIO HERITAGE HORTGAGE CORPORATION
7151 DIXIE HIGHRAY
FAIRFIELD DH 45014

VOLUNTARY ADJUSTMENTS YTD AMOUNT

HISC DRAW

FEDERAL WAGES

OH HAGES

FEDERAL HITHHOLDING EXEMPTIONS N 3 OH NITHHOLDING EXEMPTIONS N 3

2005.01

R/A

H/A

REGULAR MAGES FOR 2002

7430.17

RONALD E SLOAN 206-2A HEBSTER ST NIDDLETOHN OH 45042

03001

PAYROLLS BY PAYCHEX

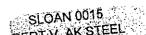
Form W-2 Wage and Tax Statement 2002

Copy C, for employees records

| 0043-1124 000076-000200   |           |          |          |       | Void         | OHIO     | i's more, whire<br>EERITAGE<br>RATION | s, and ZIP code<br>MORTGAGE |  |   | Department of the Treasury - Internal Revenue Service<br>OMS No. 1545-0008 |   |                                   |  |  |  |
|---|-----------|----------|----------|-------|--------------|----------|---------------------------------------|-----------------------------|--|---|--|---|-----------------------------------|--|--|--|
| b Employer's identification auchief d Employer's social security number 31-1505659  13 Sanitary delinemen olda pay olda pay |           |          |          | 7151  | DIXIE BI     |          |                                       | 1 W                         | ages, tips, other compagsation 7430.17 | n Z federel income tax withheld<br>773.52 |  |   |                                   |  |  |  |
|   |           |          |          |       |              | 1240 02  |                                       |                             | 3 S                                    | ocial security wages<br>7430.17           | 4 Social security tax withheld   |   |                                   |  |  |  |
| 2 See Ir  | nstrs. fo | x Box 1  | 14. G    | ther  | <del>~</del> |          | RONAL                                 | e's name, addre<br>D E SLOA | พ                                      |   | ŀ  | edicare wages and tips<br>7430.17         | 6 Medicare tax withheld<br>107.75 |  |  |  |
|   |           |          |          |       |              |          |                                       | A WEBSTE<br>ETOWN OH        |  |   | · L  | ocial security tips<br>france EIE payment | 10 Dependent care benefits        |  |  |  |
|   |           |          |          |       |              |          |                                       |                             |  |   |  | Nonqualities plans                        | 15 September 1812 September 18    |  |  |  |
| 5 Stale   | Епы       | ployer's | rtate 13 | l No. | 15 Slate Wa  | ges, tip | s, etc.                               | 17 State incom              | e lax                                  | 18 Local wage:                            | s, lips, etc.  | 19 Local (ncome tax                       | 2D Incolity same                  |  |  |  |
| OH  | 52-       | 41116    | 3 0      |       |              | 74       | 30.17                                 |                             | 255.18                                 |   | 7430.1   | 7 130                                     | OH CHTRV                          |  |  |  |

This information is being furnished to the internal Revenue Service

| Department of the Teasury Incomplete  Wage and Tax  Wages and Tax  ONB No 15450000 9530 099  | With Fall    |
|--|--------------|
|  |              |
| Form W 4 Statement   Copy C For EMPLOYEE'S RECORDS (See Notice to Triving 2002)   Social security lips   3 Social security maps   7 A Social security maps   7513.49:  | :8Zi iii     |
| G Employer's partic optimiss and 209 today (1711) (2011) ( | 12::-        |
| P.O. BOX 593330 DIDD TO THE PROPERTY OF THE PR |              |
| ORLANDO FU SZESS : Gilliam III III III III III III III III III I   |              |
| e Employee's name, address, and ZP goods 11 10 11 12 12 12 13 Statuto, Thickener, Talk and Tollier in Thickener, Talk and To |              |
| b Employer Monte California of Employer Social security monther:   |              |
| equied to file a fix return, a regisjence perolly or other sanction may be imposed on you if the Process is taxable and you (all to impost it.   |              |
| OH 513354290 5530.09 116.43  15 State Employer's state in number 136 State importance 177 State income law 18 Local wepon the etc. 199 Endal income law 120 Law  | Statty Stame |



Apr 21 07 02:00p

1 Stop Shipping Shop

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p.27

| Form 1099-R Torons distribution  | CORRECTED (il check 28 Taxable amount 722                                   | Pensions, Annuities,  Retirement or          |
|----------------------------------|---|--|
| 2b Taxable amount not determined | Total distribution X  | Plans, IRAs,<br>insurance<br>Contracts, etc. |
| AMERICAL                         | S name, street address, city.  N CENTURY SERVER PROFIT SHARINE STOCK OWNERS | ICES CORP FOR                                |

PO BOX 419784 KANSAS CITY MO 64141-6784

|              |  |                       |           | - 15           |                            |  |
|--------------|--|-----------------------|-----------|----------------|----------------------------|--|
| idetal încor | is tex will                                  | or insurance premiums |           |                |                            |  |
| _            | 144  | .57                   |           | 0.             | 00                         |  |
| no rucinta   | -0J€   | SEP:<br>SINPLE        | 6 Other   |                | 1 5                        |  |
| 1            |  | ] :                   |           | 0.00           |                            |  |
| zn           | 95 TC  | a. en cic             | yes contr | butions        |                            |  |
|              | <u>.                                    </u> | 144 .<br>Scoo coos    | SIMPLE    | 144.57 or insu | 144.57 or insurance promun |  |

SLOAN JR, RONALD E 206-2A WEBSTER ST. MIDDLETOWN OH 45042

| Account number (optional)                 |                     | 10 State tax withheld      |
|---|---------------------|----------------------------|
| 11 State/Payer's state no.<br>OH 52304388 | 3                   | 12 State distribution      |
| 13 Local tax withheld                     | 14 Name of locality | 15 Local distribution      |
| Copy C For Reci                           | pient's Records     | Department of the Treasury |

Apr 21 07 02:00p

1 Stop Shipping Shop

513-423-9488

|  |                             |         | Dividents are                    |                  |   | CALENDAR YEAR              | <u>.</u>  |                            | This is important tax information and is being furnished to the |                             |               | a negrigence penalty or other sanction may be | income is larged in this  | the IRS determines that      | ries iio Been<br>reported  | Internal Revenue Service                              |
|--|-----------------------------|---------|----------------------------------|------------------|---|----------------------------|---|----------------------------|---|-----------------------------|---------------|---|---------------------------|------------------------------|----------------------------|---|
|  | OMB Anistationan            |         |                                  |                  |   | 2d Unrecap, sec. 1250 gain | 8   | 3 Nontaxable distributions | <b>₩</b>  | I Investment amost          | O. O          | 7 Foreign country or U.S. possession          | •                         | 8 Noncash fiquidation distr. | 0,00                       | Department of the Treasury - Internal Revenue Service |
| CORRECTED (if checked)                           | 1 Ordinary dividends        | \$ 0.61 | 2a Total capital gain dist.      | 2b 28% rate pein | 0.00  | -E                         | 00.0  |                            | \$ :  | Federal Income tax withheld | 0.00 \$ 0.000 | Foreign tax paid                              | 00,                       | 8 Cash liquidation distr.    | 0.00 \$                    | (Keep for your records)                               |
| PAYERS name, street address, city state 719 min. | The code, and telephone no. | · · ·   | T SHARING TRUST & OWNERSHIP PLAN |                  | PAVER'S Federal Identification number   RECIPENT'S Identification | 43-6389220                 | RECIPIENT'S name, street address (incl. apl. no.), city, state, and Zip and a |                            | SLOAN JR, RONALD E<br>206-2A WEBSTER ST                         | 042                         |               |   | Account number (optional) | 5-2345                       | Form 1099-DIV 16 - 0731600 | . !   |

Apr 21 07 02:01p 1 Stop Shipping Shop 513-423-9488 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return IRS tise Only-Do not write or staple in this sp OMB No. 1545-0074 For the year Jan. 1-Dec. \$1, 2003, or other tax year beginning 2003, ending Your social security number Label Your first name and initial Jush Konbrox AB Spouse's social security number instructions If a joint return, spouse's first name and initial Last name on page 19.) Ē SLORA 5: TRICO Use the IRS Home address (nymber and street). If you have a P.O. box, see page 19. Apt. no Importanti label. 20 WESTER STREET Otherwise. You must enter please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. vour SSN(s) above. or type. MUSTENDONM 45042 Ort. **Presidential** Spouse Note. Checking "Yes" will not change your tax or reduce your refund. Election Campaign ☐Yes ☑No Yes V No Do you, or your spouse if filing a joint return, want \$3 to go to this fund? (See page 19.) 4 Head of household (with qualifying person). (See page 20.) If Single the qualifying person is a child but not your dependent, enter Filing Status 2 7 Married filing jointly (even if only one had income) this child's name here. Married filing separately. Enter spouse's SSN above Check only 5 Oualifying widow(er) with dependent child. (See page 20.) one box. and full name here. > No. of boxes Vourself, if your parent (or someone else) can claim you as a dependent on his or her tax checked on return, do not check box 6a Exemptions fis and 6b No. of children Spouse on Sc who: (3) Dependent's (2) Dependent's Dependents: · Eved with you relationship to child for child tax social security number credit [see page 21) (1) First name Last name e did not live with you Swaw CHILD .7 vou due to divorce If more than five (see page 21) dependents. Dependents on 60 see page 21. not entered abo Add pumbers on lines above Total number of exemptions claimed 49 31F Wages, salaries, tips, etc. Attach Form(s) W-2 8a Income Taxable interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a Attach 9a Ordinary dividends. Attach Schedule B if required Forms W-2 and 9a W-2G here. 9b Qualified dividends (see page 23) . . . . . Also attach 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Form(s) 1099-R 11 if tax was 11 withheld. 12 Business income or (loss). Attach Schedule C or C-EZ . 12 13a Capital gain or (loss). Attach Schedule D if required. If not required, check here 13a If box on 13a is checked, enter post-May 5 capital gain distributions 13b 14 Other gains or (losses). Attach Form 4797 . . . If you did not 14 get a W-2. 15b 15a IRA distributions . . . b Taxable amount (see page 25) 15a see page 22. 16a 16b b Taxable amount (see page 25) Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Enclose, but do 17 **1B** not attach, any Farm income or (loss). Attach Schedule F . . . . . 18 payment, Also, 19 Unemployment compensation 19 please use 20b Social security benefits 20a b Taxable amount (see page 27) 20a Form 1040-V. 21 Other income. List type and amount (see page 27) ..... 21 49368 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 23 23 Educator expenses (see page 29) **Adjusted** 24 IRA deduction (see page 29) . . . 24 25 Gross Student loan interest deduction (see page 31). 25 26 Income Tuition and fees deduction (see page 32) . . . 26 27 Moving expenses. Attach Form 3903 . . . 27 28 One-half of self-employment tax. Attach Schedule SE 28 29 29 Self-employed health insurance deduction (see page 33) 30 30 Self-employed SEP, SIMPLE, and qualified plans 31 Penalty on early withdrawal of savings . 31 32a Alimony paid b Recipient's SSN ▶ \_ 32a 33 Add lines 23 through 32a ... 33

Subtract line 33 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 77.

Form 1040 (2008)

49368

34

Cat. No. 12600W

Apr 21 07 02:01p 1 Stop Shipping Shop

| 513 | 423-948 | <b>B</b> ( ) |               | • | p.3 |
|-----|---------|--------------|---------------|---|-----|
|     |         | wate.        | 1 1 1 4 4 4 4 |   |     |

|                                |               |  |              | . <u>P</u>           | age 2  |
|--------------------------------|---------------|--|--------------|----------------------|--|
| Form 1040 (2003)               |               |  | 35           | 49368                | ·  |
| Tax and                        | 35            | Amount from line 34 (adjusted gross income)  |              |                      |  |
| Credits                        | 36a           | 0,100,1 100,100,000,000,000,000,000,000,   |              | 1                    |  |
| Standard                       | 1             | if: { ☐ Spouse was born before January 2, 1939. ☐ Blind. ∫ checked ➤ 38a   |              |                      |  |
| Deduction                      | jЬ            | If you are married filling separately and your spouse itemizes deductions, or  |              |                      |  |
| for-                           | Ĺ             | you were a dual-status alien, see page 34 and check here ▶ 366 □   | 37           | <u>9</u> 5@          |  |
| People who     People who      | r             | Itemized deductions (from Schedule A) or your standard deduction (see left margin).  | 38           | 39818                |  |
| checked any<br>box on line     | 38            | Subtract line 37 from line 35  | <i>iiiii</i> |                      |  |
| 36a or 36b or<br>who can be    | 39            | If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on   | 39.          | 9150                 |  |
| cialmed as a                   | ļ             | line 6d. If line 35 is over \$104,625, see the worksheet on page 35  | 40           | 30718                |  |
| dependent,<br>see page 34.     | 40            | Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-  | 41           | 3909                 | <del></del>                                      |
| • All others:                  | 41            | Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972  | 42           |                      |  |
| }                              | 42            | Alternative minimum tax (see page 38). Attach Form 6251  | 43           | 3909                 |  |
| Single or<br>Married filing    | 43            | Add fines 41 and 42  | iiiii        |                      |  |
| separately, .<br>\$4,750       | 44            | Foreign tax credit. Attach Form 1110 in required   |              |                      | 1  |
| Married filing                 | 45            | CIECUL TO CHILD ALL OCPORTORING CONTROL OF C |              |                      |  |
| jointly or                     | 46            | Credit for the elderly or the disabled. Attach Schedule R  |              |                      | <b>[</b>   |
| Qualitying widowten.           | 47            | Education credits. Attach roun 6000  |              |                      | 1  |
| \$9,500                        | 48            | "Hellianent savings commoditions of the Middle Middle of the   |              |                      |  |
| Head of                        | 49            | Child tax credit (see page 40).  |              |                      |  |
| household.                     | 50            | Adoption credit. Attach Form 8839  |              |                      |  |
| \$7,000                        | 51            | Credits from: a Porm 8396 b Form 8859  |              |                      |  |
|                                | 52            | Other credits, Check applicable box(es): a  Form 3800  |              | -                    |  |
|                                |               | b ☐ Form 8801 c ☐ Specify 52   | 53           | 1282                 | l  |
|                                | 53            | Add lines 44 through 52. These are your total credits  | 54           | 262-7                | <del>                                     </del> |
|                                | 54            | Subtract line 53 from line 43. If line 53 is more than line 43, enter -0   | 55           | 4.034.3              | <del>                                     </del> |
| Other                          | 55            | Self-employment tax. Attach Schedule SE  | 58           |                      | <del> </del>                                     |
| Taxes                          | 56            | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137  | 57           |                      | <del> </del>                                     |
| Idves                          | <b>67</b>     | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required   | 58           |                      | ├──  |
|                                | 58            | Advance earned income credit payments from Form(s) W-2:  | 59           |                      | <del> </del>                                     |
|                                | 59            | Household employment taxes. Attach Schedule H  | 60           | 2(27)                | -  |
|                                | 60            | Add lines 64 through 59. This is your total tax  |              | <u> </u>             | <del>                                     </del> |
| Payments                       | 61            | Federal income tax withheld from Portits VI-2 and 1055   |              |                      |  |
|                                | 62            | 2003 estimated tax payments and amount appsed from 2002 return . 62  |              | •                    |  |
| If you have a                  | ຼີ 63         | Earned income credit (EIC)   |              |                      | ŀ  |
| qualifying<br>child, attach    | 64            | Excess social security and tier 1 RRTA tax withheld (see page 56)  |              |                      |  |
| Schedule ElC.                  | 65            | Additional child tax credit. Attach Form 8812 65   |              | •                    |  |
|                                | <b>66</b>     | Amount paid with request for extension to file (see page 56) 66  |              |                      | 1  |
|                                | 67            | Other payments voice a City of the contract of | 68           | <u> 2844</u>         | 1  |
|                                | 68            | Add tilles of through of. These are your total payments  | 69           | 217                  | <del> </del>                                     |
| Refund                         | 69            | If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid  | 70a          | 217                  | <del>                                     </del> |
| Direct deposit?                | 70a           | Amount of line 69 you want refunded to you   | 111111       |                      | $\vdash$   |
| See page 56                    | <b>≻</b> p    | Routing number   |              |                      | Ι.   |
| and fill in 70b, 70c, and 70d. | <b>▶</b> d    | Account number   |              |                      | [ -  |
|                                | 71            | Amount of line 69 you want applied to your 2004 estimated tax ► 71   | 72           |                      | ł  |
| Amount                         | 72            | Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 Festimated tax penalty (see page 58)   | min          |                      |  |
| You Owe                        | 73            | Estimated tax penalty (see page 58)  | Compl        | ete the following.   | ☐ No   |
| Third Party                    | . DC          | · · · · · · · · · · · · · · · · · · ·  |              |                      |  |
| Designee                       |               | signee's Phone Personal identified me  no.   |              |                      |  |
| Sign                           |               | the state of the s | d to the     | best of my knowledg  | e and  |
|                                | bel           | sef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w  | uncu bre     | DERBLURE SAN KURANIA | CISM.  |
| Here Joint return?             | Yo            | Date Your occupation   | 1 1          | ime phone number     |  |
| See page 20.                   |               | Kould E. Sloom 1 4/4/04 LOEN CHEICH  | (5)          | 3)                   |  |
| Кеер а сору                    | Sp            | ouse's signature, the join Ceture both must sign. Date Spouse's occupation   |              |                      |  |
| for your records.              |               | True () ( ) COOM 4.4.04 PATE SPECIALIST  |              |                      |  |
|                                | <del>/_</del> | Date Check if  | Prep         | arer's SSN or PTIN   |  |
| Paid                           | ( rn          | paters state the self-employed   |              |                      |  |
| Preparer's                     | Fin           | m's name (or L   |              |                      |  |
| Use Only                       | VO            | urs if self-employed), Phone no.  Phone no.  | (            | )                    |  |
|                                |               |  |              |                      |  |

Apr 21 07 02:02p

1 Stop Shipping Shop

| See Notice to Employee    Vages, ties, either come.   Vages, ties, either town the town the town the ties of the come.   Vages, ties, either come.   Vages, ties, either town the town the town the ties of the come.   Vages, ties, either come.   Vages, ties, either town the town the town the town the ties.   Vages, ties, either come.   Vages, ties, either town the town the town the town the town the ties.   Vages, ties, either come.   Vages, ties, either town the town the town the town the town the ties.   Vages, ties, either come.   Vages, ties, either town the town the town the town the town the town the town the town the town the town the town the town the town the ties.   Vages, ties, either come.   Vages, ties, eith   |                                |                           | ed to file a texreture, a negligence    |     | This last a time in the single forming | had to the IDC. Here was required to t | lo s lav retien s neolinanco   |
|--|--------------------------------|---------------------------|---|-----|--|--|--------------------------------|
| See Notice to Employee    1 Wages, tips, other comp.   2 Federal Income tax withheld   34 C2 - 55   2 Federal Income tax withheld   32 O.00   3 Social is searrity wages   4 Social searrity tax withheld   34 C2 - 55   3 Social is searrity wages   3 Social searrity wages   3 Social searrity wages   3 Medicare wages and tips   34 C2 - 55   58 C. 68      |                                |                           |   | ٦ . | neralityint her sanction may be        | imposed on you if this income is taxab | ie & you failto report k       |
| a Cancel number 9 462.65 28 6 5 28 1.35 1 Wages, tips, cher camp. 9462.65 520.00 3 Social security wages 9462.65 520.00 3 Social security wages 9462.65 6 531 1 Nonqualified plans 122 Code 125 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 126 Code 125 Code 126 Code 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 126 Code 126 Code 127 State income tax withheld 126 Code 126 Code 126 Code 127 State Income tax withheld 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Code 126 Cod |                                |                           |   | 1   | Copy C For EMPLO                       | YEE'S RECORD                           | 2003 OMB No.                   |
| 3   3   3   3   3   3   3   3   3   3  |                                |                           |   | ₹ . | (See Notice to Emp                     |  | 1010-0000                      |
| b Employer ID number 3 1-1680524  5 Medicare vages and tips 9462.65  137.21  6 Medicare tax withheld 137.21  7 See Employer ID number 137.21  147.21  158.66  3 Medicare vages and tips 4 Medicare vages and tips 4 Medicare vages and t |                                | 9462.65                   |   | }   | a Control number                       |  | 2 Federal Income tax withheld  |
| 31-1680524  3 Medicare wages and this 9462.65  3 Medicare tax withheld 137.21  5 Medicare wages and this 29462.65  5 Medicare wages and this 29462.65  5 Medicare wages and this 2913.78  5 Medicare wages and this 2913.78  5 Medicare wages and this 2913.78  6 Medicare tax withheld 2913.79  1 Medicare tax withheld 2913.79  1 Medicare wages and this 2913.78  6 Medicare tax withheld 2913.78  7 Mind Plant 19 Medicare tax withheld 2913.78  7 Mind Plant 19 Medicare tax withheld 2913.78  8 Allocated tips 2913.78  8 Allocated tips 2913.78  9 Advance Etc payment 291 |                                |                           |   | 1   | 38                                     | 3 Social security wages                | 4 Social security tax withheld |
| 31-1680524 SMedicare wages and tips 9462.65 137.21  31-1581507 2913.78 Medicare tax withheld 137.21  31-1551507 2913.78 Medicare tax withheld 142.25 Medicare tax withheld 137.21  31-1551507 2913.78 Medicare tax withheld 142.25 Medicare tax withheld 142.25 Medicare tax withheld 137.21  31-1551507 2913.78 Medicare tax withheld 142.25 Medicare tax with |                                |                           |   | j   | b Employer ID number                   | 2863.78                                | 180.65                         |
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| ACF MORTGAGE, LLC  1081 N. UNIVERSITY BLVD.  MIDDLETOWN, OH 45042  d Employee's social security number  S CONALD E SLOAN  RONALD E SLOAN  206 WEBSTER STREET 2A  21 DDLETOWN, OH 45042  17 Social security tips  S Allocated tips S Advance EIC payment  Dependent care benefits S Statutory employee 14 Other  12b Code  Retirement plan  12c Code  Retirement plan  12d Code  12d Code  12d Code  12d Code  12d Code  12d Code  12d Code  12d Code  13 Subtory employee 14 Other  15 State Employer's state 10 number 16 State wages, tips, etc. 17 State income tax 9462.65  141.96  MIDDLE  15 State Employer's state 10 number 16 State wages, tips, etc. 17 State income tax 9462.65  141.96  MIDDLE  16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 18 Local wages, tips, etc. 19 Local income tax 18 Local wages, tips, etc. 19 Local income tax 19 Local income tax 19 Local income tax 19 Local income tax 29 13.78  Cept. of the Treasury – RRS  | • •                            |                           |   | 1   |  |  | 72.20                          |
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| ### PRANKLIN OH 45042  #### PRANKLIN OH 45042  ###################################   |                                |                           |   | 1   |  |  | •                              |
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| "  | Department of the Treasury—Internal Revenue Service  |
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Apr 21 07 02:03p 1 Stop Shipping Shop 513-423-9488

| Form 1040                        | Department of the Treasury — Internal Revenue Service  U.S. Individual Income Tax Re   | eturn (99) 20                              | 04 IRS Like Colv.                       | ~ Donol wri                                       | ite or staple in this space.  |
|----------------------------------|--|--|---|---|-------------------------------|
|                                  | Your first name and initial Last no  | ame  | Unite Gate Bring                        | 1   | CMB No. 1545-0085             |
| Label<br>(See instructions.)     |  |  |   | You   | social security number        |
|                                  |  | AN, JR                                     |   |   |                               |
| Use the<br>IRS label.            | If a joint return, spouse's first name and initial Last na   | eme  |   | Spot  | use's social security number  |
| Otherwise,<br>please print       | TRICA S SLO  |  |   |   |                               |
| or type.                         | Home address (number and street). If you have a P.O. box, see  | nstructions,                               | Apartment no                            | '   | Important! 🛦                  |
|                                  | 206 WEBSTER STREET   | <u> </u>                                   | 2A                                      |   | You must enter your           |
|                                  | City, town or post office. If you have a foreign address, see instru   | ictions.                                   | State ZIP code                          |   | SSN(s) above.                 |
| Presidential<br>Election         | MIDDLETOWN   |  | OH 45042                                |   |                               |
| Campaign<br>(See instructions.)  | Note. Checking 'Yes' will not change your tax of   | or reduce your refun                       | id.                                     | You<br>Yes X                                      | Spouse<br>No Yes X No         |
|                                  | Do you, or your spouse if filing a joint return, v   | vani \$3 to go io inis                     | Head of household (with o               |   | <del> </del>                  |
| Filing                           | 1 Single   | ٠ .  |   |   |                               |
| status                           | 2 X Married filing jointly (even if only one had income)   |  | If the qualifying person is             |   | tiot Annt nehewester          |
|                                  | 3 Married filing separately. Enter spouse's SSN above  |  | enter this child's name he              |   |                               |
| Check only<br>one box.           | full name here ►   | 5  | Qualifying widow(er) (see instructions) | with dept   | endent chiid                  |
|                                  | 6a X Yourself. If someone can claim you as   | a dependent do re                          |   |   | Boxes                         |
| Exemptions                       | The state of the s | in askariasini so m                        |   |   | checked on 6a and 6b 2        |
|                                  | b 🗙 Spouse   |  |   |   |                               |
|                                  | c Dependents:  | (2) Dependent's                            | (3) Dependent's                         | (4) v it  | No. of children<br>on 6c who: |
| •                                |  | social security                            | relationship                            | qualifying<br>child for                           | lived                         |
| ·                                | (1) First name Last name   | number                                     | to you                                  | child tax   | with you 1                    |
| If more than six dependents,     | SLOAN  | ļ  | Son                                     | X)  | r ● did not<br>live with      |
| see instructions.                |  |  |   | <del>  []</del>                                   | you due to<br>divorce or      |
|                                  |  |  | 1                                       | <del>                                      </del> | separation                    |
|                                  |  |  | <del></del>                             | <del>                                     </del>  | Dependents                    |
|                                  |  |  |   |   | on 6c not entered above       |
|                                  |  |  |   |   | <del>-</del><br>-             |
| -                                |  |  |   |   |                               |
|                                  | d Total number of exemptions claimed   |  |   |   | Add numbers on lines above 3  |
| Income                           |  | _  |   | _   |                               |
|                                  | 7 Wages, salaries, tips, etc. Attach Form(s) W-  |  |   |   |                               |
| Attach Form(s)<br>W-2 here. Also | 8a Taxable interest. Attach Schedule 1 if require  |  |   | <u>Ba</u>   | <u> </u>                      |
| attach Form(s)                   | b Tax-exempt interest. Do not include on fine 8a   |  |   |   |                               |
| 1099-R if tax<br>was withheld.   | 9a Ordinary dividends. Attach Schedule 1 if requ   |  |   |   | <u> </u>                      |
|                                  | b Qualified dividends (see instructions)   |  |   |   |                               |
|                                  | 10 Capital gain distributions (see instructions)   |  |   |   |                               |
|                                  | 11a IRA distributions 11a  | <del></del>                                |   |   |                               |
|                                  | 12a Pensions and annuities 12a   | _ <del></del> _                            | 12b Taxable amount                      | 120   | <u> </u>                      |
| If you did not                   | 13 Unemployment compensation and Alaska<br>Permanent Fund dividends  | ·<br>· · · · · · · · · · · · · · · · · · · |   | 13  |                               |
| get a W-2,<br>see Instructions.  | 14a Social security  |  |   |   |                               |
| Enclose, but                     | benefits 14a   |  | 14b Taxable amount                      | 14b   | •                             |
| do not attach,<br>any payment.   | 15 Add lines 7 through 14b (far right column). To  |  |   |   | 44,478.                       |
| Adjusted                         | 16 Educator expenses (see instructions)  |  |   |   |                               |
| gross                            | 17 IRA deduction (see instructions)  | <del></del>                                | ······                                  |   |                               |
| income                           | 18 Student Ioan interest deduction (see instruction  |  |   |   |                               |
|                                  | 19 Tuition and fees deduction (see instructions)   |  |   |   |                               |
|                                  | 20 Add lines 16 through 19. These are your total   |  | ····                                    | 20  |                               |
| •                                |  |  |   |   |                               |
|                                  | 21 Subtract line 20 from line 15. This is your adj   | · · · · · · · · · · · · · · · · · · ·      |   | > 21  | 44,478.                       |
| <b>BAA For Disclosu</b>          | are, Privacy Act, and Paperwork Reduction Act Noti   | ce, see instructions                       | <b>5.</b>                               |   | Form 1040A (2004)             |

Apr 21 07 02:03p 1 Stop Shipping Shop

| 513-423-9488 | p.33 |
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| Energ 1040 A (200                          | 4) RONALD E SLOAN, JR & TRICA S SLOAN  |   |   | Page 2                            |
|--|--|---|---|-----------------------------------|
|  | 22 Enter the amount from line 21 (adjusted gross income)   |   | . 22  | 44,478.                           |
| Tax,<br>credits,<br>and<br>payments        | 23 a Check You were born before January 2, 1940, Spouse was born before January 2, 1940, Blind Total boxes checked.  |   | ]   |                                   |
| C+   | b If you are married filing separately and your spouse itemizes deductions, see instructions and check here  | ► 23h□                                    |   |                                   |
| Standard<br>Deduction                      | 24 Enter your standard deduction (see left margin)   |   | 24  | 9,700.                            |
| for -                                      | 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0   |   | 25  | 34,778.                           |
| <ul> <li>People who checked any</li> </ul> |  |   |   |                                   |
| box on line                                | 26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemption<br>on line 6d. If line 22 is over \$107,025, see the worksheet in the instructions   | ns claimed                                | . 26  | 9,300.                            |
| 23a or 23b <b>or</b><br>who can be         | 27. Subtract line 26 from line 25. If line 25 is more than line 25, enter +0 This is t   | vour                                      | •   |                                   |
| claimed as a dependent.                    | taxable income   |   | 27  | <u>25,478.</u>                    |
| see  | 28 Tax, including any alternative minimum tax (see instructions)   |   | 2 <b>8</b>  | 3,106.                            |
| instructions.  • All others:               | (see instructions)   |   |   | <u> </u>                          |
| Single or                                  | 29 Credit for child and dependent care expenses.   |   |   |                                   |
| Married filing                             | 29 Credit for child and dependent care expenses. Attach Schedule 2   | 600.                                      | <b>-</b>  |                                   |
| separately,<br>\$4,850                     | 30 Credit for the elderly or the disabled. Attach Schedule 3 30  |   | -   |                                   |
| Married filing                             | 31 Education credits, Attach Form 8863   |   | •   |                                   |
| jointly or                                 | 32 Retirement savings contributions credit. Attach Form 8880 32  |   | -   |                                   |
| Qualifying widow(er),                      | 33 Child tax credit (see instructions)         33           34 Adoption credit, Attach Form 8839         34  | 1,000.                                    | _   |                                   |
| \$9,700                                    | 34 Adoption credit, Attach Form 8839   |   | 35  | 1,686.                            |
| Head of                                    | 36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-   |   | 36  | 1,420.                            |
| Household,                                 | 37 Advance earned income credit payments from Form(s) W-2  |   | 37  |                                   |
| \$7,150                                    | 38 Add lines 36 and 37. This is your total tax   |   | 38  | 1,420.                            |
|  | 39 Federal income tax withheld from Forms W-2 and 1099 39  |   |   |                                   |
| -  | 40 2004 estimated tax payments and amount applied from   |   |   |                                   |
| If you have                                | 2003 return  |   | _   |                                   |
| a qualifying child, attach                 | 41 a Earned income credit (EIC)  |   |   |                                   |
| Schedule EIC.                              | b Nontaxable combat pay election. 41 b   | ,   |   |                                   |
|  | 42 Additional child tax credit. Attach Form 8812 42  |   |   |                                   |
|  | 43 Add lines 39, 40, 41a, and 42. These are your total payments  | ·····                                     | 43  | 2,201.                            |
| Refund                                     | 44 If line 43 is more than line 38, subtract line 38 from line 43.  This is the amount you overpaid  |   | 44  | 781.                              |
| ·  | 45a Amount of line 44 you want refunded to you   | -   | 45a   | 781.                              |
| Direct deposit?                            | ► bRouting   |   | •   | ·                                 |
| See instructions and fill in 45b,          | number   | Savings                                   |   |                                   |
| 45c, and 45d.                              | d Account  |   |   |                                   |
|  | 46 Amount of line 44 you want applied to your 2005   |   |   |                                   |
|  | estimated tax  |   | <u>-</u>  |                                   |
| Amount                                     | 47 American aug. Cubicost line 42 from line 39. For details on how to next   |   | •   |                                   |
| you owe                                    | see instructions   | •••••••                                   |   |                                   |
| <u></u>                                    | 48 Estimated tax penalty (see instructions)  | <u> </u>                                  |   | Eat as                            |
| Third party                                | Do you want to allow another person to discuss this return with the IRS (see instructions)?  | Yes. Con                                  | nplete the following                                | g. X No                           |
| designee                                   | Designee's . Phone   |   | Personal<br>Identification                          | -                                 |
|  | name no.   |   | number(PIN)   |                                   |
| Sign                                       | Under penalties of perjury. Lidectare that I have examined this return and accompanying schedules and stateme are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration | ents, and to the bi<br>ion of preparer (o | est of my knowledge and<br>other than the taxpayer) | d belief, they<br>is based on all |
| here                                       | information of which the preparer has any knowledge.   |   | Daytime phone num                                   |                                   |
| Joint return?                              |  |   | ,             |                                   |
| See instructions.                          | Spouse's signature. If a joint return, both must sign.  BARTENDER Spouse's occupation  |   |   |                                   |
| Keep a copy<br>for your records.           |  |   |   |                                   |
| ibi your records.                          | MARKETING  | Charle                                    | Preparer's SSN                                      | or PTIN                           |
|  | Preparer's signature   | Check if self-<br>employer                |   |                                   |
| Paid                                       | Firm's name Self-Prepared  | Lempoyer                                  | <del>-</del>  |                                   |
| preparer's<br>use only                     | (or yours it self-<br>employed),   |   | IN  |                                   |
| upo omy                                    | address, and ZIP code  |   | none<br>o.  |                                   |
| · · · · · · · · · · · · · · · · · · ·      | FDIA1312 10/28/04  |   |   | 040A (2004)                       |

Apr 21 07 02:04p 1 Stop Shipping Shop

513-423-9488

| penalty/oi her sanction may be  | shed to the IRS. If you are required to<br>a imposed on voy if this income is taxa | ) file a lax refum, a negigence<br>(ble & vou fat to report). |
|---------------------------------|--|---|
| (See Notice to Emp              | YEE'S RECORD   | 2004 OMB No.  |
| a Control number                | 1 Wages, tips, other comp. 3267,48   | 2 Federal income tax withheld                                 |
| 32                              | 3 Social security wages  | 4 Social security tax withheld                                |
| b Employer ID rumber            | 3267.48  | 202.58  |
| }                               | 5 Medicare wages and tips  | 6 Medicare tax withheld                                       |
| <b>31-</b> 1551507              | 3267.48  | 47.38   |
| c Employer's name, addres       | s, and ZIP code  |   |
| NYNY, INC.<br>PO BOX 411        |  |   |
| FRANKLIN                        | . (  | DH 45005  |
| d Employee's social securi      | ty nurrber   |   |
| e embolaca naus, agare:         | ss, and ZIP code   |   |
| RONALD G. SLC<br>206 2A WEBSTE  | AN_  |   |
| MIDDLETOWN                      |  | OH 45042  |
| 7 Social security tips          | 8 Allocated tips   | 9 Advance EIC payment   |
| 10 Dependent care benefits      | 11 Nonqualified plans  | 12a Code  |
| 13 Statutory employee 14 C      | Other  | 12b Code  |
| CIT                             | Y 49.03  | 1177  |
| Retirement plan                 | 49.03  | 12c Code  |
| Third-party sick pay            |  | 12d Code  |
| OH 52-448                       | 3267.4   | 8 21.41   |
| 15 State Empir's state I.D. #   | 16 State wages, tips, etc.   | 17 State income tax   |
| 18 Local wages, tips, etc.      | 19 Local income tax  | 20 Locality name  |
| 3267.48                         | 49.03  | FRANKLIN, OH  |
| form W-2 Wage and Tax St<br>DAA | atement  | Dept. of the Treasury IRS                                     |

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1 Stop Shipping Shop

513-423-9488

|             | Wage and Tax Statement For EMPLOYEE'S RECORDS. ee on back of Copy B.) | (See Notice to                          | 501                  | ]4                  | Department of<br>Safe, ac<br>FAST!   |  | Revenue Service               |
|-------------|---|---|----------------------|---------------------|--|--|-------------------------------|
| 15 State OH | Employer's state ID number 51-575943                                  | 16 State wages, tips, etc.<br>1413 - 40 | 17 State Incom<br>24 |                     | 18 Local wages, tips, etc.   | 19 Local Income tax 24 . 74                        | 20 Locality name<br>MTAMISB   |
|             | oyee's address and ZIP code   |   |                      |                     | ·  | 12d  |                               |
|             | 6-2A WEBSTER ST<br>DDLETOWN, OH 45042                                 |   |                      | 14 01               |  | 12c  | ,                             |
| •           |   | st name<br>SLOAN, JR                    |                      | 11 No               | nqualified plans   | 12a See instructions                               | for box 12                    |
| d Emp       | loyee's social security number  |   |                      | 9 Adv               | ance EIC payment   | 10 Dependent carr                                  | benefits                      |
|             | ONTGOMERY   |   |                      | 7 Soc               | cial security tips<br>1052.09  | 8 Allocated tips                                   |                               |
| 3           | EERLESS MILL INN<br>19 SOUTH 2ND ST<br>IAMISBURG, OH 45342            |   |                      | 5 Me                | dicare wages and tips  | 6 Medicere tax w                                   |                               |
| c Emp       | loyer's name, address, and ZIP code                                   |   |                      | 3 Soc               | ial security wages<br>3 61 . 31  | 4 Social security                                  | ax withheld<br>87,63          |
|             | loyer identification number<br>-0978329                               |   |                      | 1 Wa                | ges, tips, other compensation<br>1413.40   | 2 Federal income                                   | tax withheld<br>27.43         |
|             | rol number<br>LOAN  | OMB No. 154                             | 5-000B               | are requ<br>be impo | ormation is being furnished to<br>ilred to file a tax return, a ne<br>sed on you if this income is t | gligence penalty of oth<br>lexable and you tall to | er sanction may<br>report it. |

| b Employer Identification number c Employer's name, address, and ZIP code 59 - 1219168 | 12a See Instructions for box 12  | 1 Wages, tips, other compensation<br>13414.21 | 2 Federal income tax withheld<br>43.95                  |
|--|--|---|---|
| GMRI, INC.<br>P.O. BOX 593330<br>ORLANDO FL 32859                                      | 12b  | 3 Social security wages<br>8324.52            | 4 Social security tax withheld<br>831.68                |
| 0.0000   | 12e<br>     \$<br>  12d  | 5 Medicare wages and tips<br>13414.21         | E Medicare tax withheld<br>194.51                       |
| e Employee's first name and irdial Last name   |  | 7 Social security tips<br>5089 - 69           | 8 Allocated tips  |
| 0231038<br>0038<br>RONALD E SLOAN  | IS  While information is being furnished to the Internal Functional Service, if you are required to the a best | 9 Advance EIC payment  11 Nonqueried plans    | 10 Dependent care benefits  13 Sensoy Reterior Tringang |
| 206-2A WEBSTER ST<br>MIDDLETOWN OH 45042   | Copy C For EMPLOYEE'S  |   | 13 Santery Reterent Thru-pany entroyee plan set pay     |
|  | RECORDS. (See Notice to :<br>Employee on back.)  | ) In Other                                    |   |
| 1 Employee's address and ZIP code  | d Employee's social security number  |   | •   |
| 15 State   Employer's state 10 number   16 State wages, ths., etc.   17                | State income tax 184 . 15  | 19 Local Income tax Z0 Local                  | iyname  |
| Form W-2 Wage and Tax Statement 2004 Department of the Treasury                        | Internal Revenue Service , OMB # 1545-0008   | Copy C for Employee's Re                      | cords (See Notice to Employee on bact                   |

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1 Stop Shipping Shop

513-423-9488

| 120   15023-62   169.70   1623-62   1623-62   169.70   1623-62   16   | mployer de libboib<br>mployer's name, at | odress, and ZIP. or       | <del>59</del> -121  | 0168                                     |  | į.                      | structions for box 1:<br>S              | 7                       | 1 Wages, 6;                                     | 2737.05    |              | 2 Federal inc                                    | ome tax with       | eld .                  |
|--|--|---------------------------|---------------------|--|--|-------------------------|---|-------------------------|---|------------|--------------|--|--------------------|------------------------|
| Second according to the property of the following and third the property of th | P.O. BOX S<br>ORLANDO FI                 | 593330<br>L .32859        |                     |  |  | 125                     |   |                         | 3 Social sec                                    |            | ?            |  |                    | sid                    |
| DIOSS 113.47  DOSS 1008  IS 113.47  DA Aprince and tabled.  Is 113.47  DA Aprince and tabled.  Is 113.47  DA Aprince and tabled.  In Management and tabled.  |  |                           |                     |  |  |                         | \$ .                                    |                         |   |            |              | 6 Medicare to                                    |                    |                        |
| 1008 SLOAN 206-2A WEBSTER ST LIDULETOWN OH 45042-B132  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Return Arrange and Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDERAL Tax Ret Tax Statement 2006  Copy B To Be Filed With Employee's FEDER |  |                           |                     |  |  |                         | •                                       |                         | 7 Social sec                                    | unity tips |              | # Allocated tip                                  |                    |                        |
| RONALD E SLOAN  206-24 WEBSTER ST  LIDDLETOWN OH 45042-B132  COPY B TO BE Filed With  Employee's FEDERAL  Tax Refurm  Litter Before and 2P color  Copy B To Be Filed With  Employee's FEDERAL  Tax Refurm  15 State segment for the Copy B To Be Filed With  Employee's FEDERAL  Tax Refurm  16 State segment for the Copy B To Be Filed With  Employee's FEDERAL  Tax Refurm  17 State income tax  2737.08  18 State segment for the Copy B To Be Filed With  Employee's FEDERAL  Tax Refurm  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  20 Locally name  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  19 Local become tax  2737.08  2737 | mployee's first man<br>0038              | e land hillial.           | Last nam            | <b></b>                                  |  | 120                     | ·                                       | ٦,                      | <u> </u>  |            |              | . VA Destroyler                                  | I care benefit     |                        |
| EIDDLETOWN OH 45042-B132  Copy B To Be Filed With Lawrence Law Research and the Copy B To Be Filed With Lawrence Lawrenc | RONALD E S                               |                           |                     |  |  | This information        | S<br>is being fundahed to the           | 一                       |   |            |              | To Departure,                                    | . Car o Devoniu    | • • •                  |
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| provers address and 2P rough.  16 Sale weeks be in. 17 Sale horses at 22 C.C.  17 Sale horses and 2P rough.  16 Sale weeks be in. 17 Sale horses at 22 C.C.  18 Local weeks pe. ch. 19 Local horses ax 20 Locally name.  22 C.C.  23 Joseph Part of the Treatment 2006  18 Copy B Vo the Field With Employer's PEDERAL Tax Red  Copy B Vo the Field With Emplo | HADDEE! OWN                              | V UN 45U42                | 2-8132              |  |  | ł Emicrovi              | 86.S FF DF RA                           | rith 1                  | 14 Other  |            |              | <del>!                                    </del> | <del>. [_]</del> , | <del></del>            |
| Complete Treatment 2006  Complete Treatment 20 | nployee's edoress                        | and ZIP code              | . The second second |  | <u> </u>   | (L) <del>Circlina</del> | of a second second y nu                 | scher                   |   |            | ٠,           |  |                    |                        |
| ONE HA, 148 -COOS  CONDITIONS  | Employers 6<br>1H 513354                 | 29                        | 16.5                | 2737.09                                  | 17. State Improve t  | 2.62                    | LOCAL WASSES, SPA.                      | - 1                     | 9 Local Inco                                    | one tax    | 20 Locality  | risme :  |                    | <u> </u>               |
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| B 2   Freety Process B 2   Freety Process B 2   Freety Process B 3   Freety Process B 3   Freety Process B 4   Freety Process B 5   Freety Process B 5   Freety Process B 6   Freety Process B 71   Freety Process B 72   Freety Process B 71   Freety Process B 72   Freety Process B 73   Freety Process B 74   Freety Process B 75   Freety Process B 75   Fr | 1  |                           | 70                  |  |  | 2                       |   | 475                     | 4 7 6 1<br>10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3 6        |              |  | -                  |                        |
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|  | :  |                           |                     |  |  |                         |   |                         | -   | -          |              |  |                    |                        |

| orm W-2 Instructions. | Reduction Act Notice, see F | For Paperwork | NS No. 1545-0008 | 161 Revenue Service CB | Department of the Treasury - Inter- |
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| SEXTITUE           |                                   |              | i3. Retirement                     |
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| et.0e8,t           | TAX WITHHELD<br>SOCIAL SECURITY   | 36,486,0£    | WAGES.                             |
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Same Treat (le tote la Yeava) gene (ll la Yout) ed of a Yeav Term M-2 Wage and Tax Statement - Calendar Year

MIDDLETOWN OH 45042 SLOAN, TRICA S AS TAA 206 WERSTER ST

Employee SSN

RELLEGUTH RESOURCES
AGENCY FOR LA BERRY CO.
SSO WILLIAMS ST. SUITE
STLAMTA GA GOGOG OSOS STINS

581816205 Employer Fed. ID. No.